CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 27, 1992

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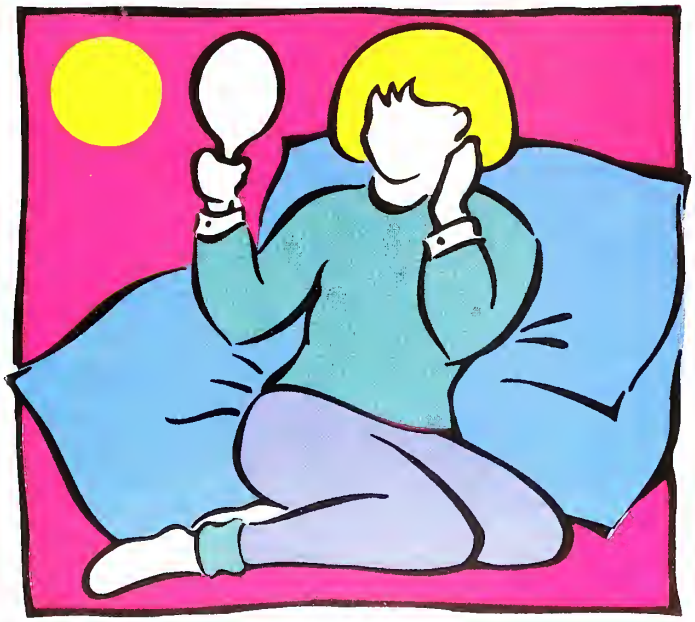

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'Flasher' pharmacist struck off

PAGB targets GPs to build OTC brands

Pharmacy 'safety net' praised in fake GP trial

Patient's Charter extended to GPs

Interpreting the new Regulations

Philip Harris expand retail business

SB signal drinks plant closure

EC ruling means new moves on Sunday trading

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CHEMIST & DRUGGIST

INCORPORATING
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This week

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Comment

Readers will be aware of the advances in typesetting technology that hit the then Fleet Street nationals in the 1980s, when VDUs replaced the typewriter. Similar advances have been taking place at *Chemist & Druggist*.

Prior to the print technology boom journalists would send their typewritten copy, covered in Tippex and blue pencil, to the typesetters where it would be "set" on a Lino-type machine in hot metal, or more recently, computer typeset. In either case each story was proofed several times by the compositor with one copy being used by journalists to make author's corrections, and another cut up and pasted down to make a dummy page according to the magazine's design. The corrections were then made by the compositor, producing fresh proofs which were made up into page form ready for checking and final correction. At this stage a camera-ready page proof was prepared by the typesetter, and black and white pictures and tints incorporated into the page by a photographic process to produce black film, ready for the printer who would incorporate four-colour illustrations separately prepared by a colour processing house. This process is now defunct on *C&D*.

Since July last year when we introduced final film — where the typesetter manually puts together black film, tints and four colour and black and white pictures before scanning them together to make one set of four colour film for each page — readers should have been able to note the improved quality of picture reproduction and more extensive use of colour. This coincided with a new design which, although formulated to make use of the new colour opportunities in publishing, was not intrusive and was assimilated painlessly by readers.

For some time now *C&D* has been using word processors to output laser printed copy for the typesetter. Since early February around 50 per cent of *C&D* pages have been set and corrected by journalists on-screen and then made up into pages which are then corrected and sent via modem to the typesetter where final page artwork is outputted. Shortly this artwork will include colour tints and, soon after that it will cut out the typesetter altogether, and be sent direct to the colour house where colour pictures will be incorporated electronically, with final four-colour page sets of separations emerging ready for the printer to make up into printing plates.

Composing pages on-screen should introduce more consistent execution of *C&D* design — the computer is more accurate than the eye — ultimately enable us to be more flexible with deadlines because the editorial process is taking place under one roof.

Flasher pharmacist's 'disgraceful conduct'

A Humberside pharmacist with a history of "flashing" at women has been struck off the Pharmaceutical Register for "disgraceful conduct".

A meeting of the Royal Pharmaceutical Society's Statutory Committee on June 19 heard that Dale McVeigh, of Birkdale Drive, Immingham, had already appeared once before the Committee, when he had been reprimanded and warned as to his future conduct.

The Committee was told that on June 28, 1991, Mr McVeigh indecently exposed himself in Oswald Road, Scunthorpe and on November 6, 1991, behaved in a manner likely to cause a breach of the peace in Immingham.

Mr McVeigh had been fined £150 with £10 costs for the Scunthorpe offence and had been bound over for one year for the Immingham offence.

PC Richard Grange of Immingham Police told the Committee that in the Scunthorpe incident, Mr McVeigh was seen masturbating in his car during the lunch hour. When questioned he claimed he did not think anyone would see him as the car was not particularly clean and had tinted glass.

During the second incident, Mr McVeigh was seen standing naked and masturbating in the lounge of his bungalow. He admitted he had exposed himself at the window of his home during an 18 month period and "believed he was giving pleasure" to two women who lived nearby, said PC Grange.

He had also pushed a magazine through the letter box of one of the women showing male genitalia accompanied by a handwritten letter saying he hoped she enjoyed the pictures and asking if she wanted to see "more of the same, but closer and more life-like" but asking her to make it discreet.

Mr McVeigh admitted delivering the magazine and letter but claimed they were part of "a laugh and a joke".

In a letter to the Committee, Mr Mcveigh said he now realised he had a psychiatric problem for which he was receiving treatment.

Committee chairman Mr Gary Flather QC, announcing the decision to strike Mr McVeigh's name from the Register, said he should not apply for restoration before the expiration of two years from the date of any further similar criminal conviction.

Special constable pharmacist struck off for sales to addicts

A South London pharmacist and special constable who could not account for more than 200 litres of codeine linctus and almost 39 litres of Phensedyl, has been struck off the Register of the Royal Pharmaceutical Society.

Mahendra Patel admitted in interview that he sold 15 to 20 200ml bottles a week of codeine linctus over the counter, from his pharmacy in Franciscan Road, Tooting in 1989, the Statutory Committee heard on June 16.

The sales, over a period of ten months, were mostly to people attending methadone clinics.

He suggested that up to eight litres a week, or 30 prescriptions, might have been supplied against NHS restrictions for which no levy had been charged and the form had been returned to the patient.

Mr Patel, and Armfields (Chemists) Ltd, of which he is a director, had denied misconduct by failing to exercise effective control over the sale of medicinal products known to be subject to misuse.

He said he had signed a statement making admissions about the sales of the two drugs to inspectors "under the stress of being interviewed" although he accepted that, as a special constable for more than 15 years, he should have checked the statement carefully before signing it.

Directing that Mr Patel's name be removed from the Register, chairman of the Committee, Gary Flather QC, said: "It does not appear Mr Patel made a large profit from the sale but we notice with great concern that supplies were made to addicts — a practice we deplore."

No separate order concerning the company was made other than a finding of misconduct.

Charter extends into primary care

The Patient's Charter is to be extended to cover primary care, especially GP practice, the Health Secretary Virginia Bottomley announced last week.

As well as setting out existing rights, primary care charters will outline new commitments on areas such as the availability of doctors to see their patients, the arrangements for patients to comment on and suggest improvements to practices, and the role of family health services authorities, said Mrs Bottomley.

She also promised a consultation document in the Autumn on the development of social services inspection for residential care for children, the elderly and others.

The Patient's Charter, the NHS offshoot of the Prime Minister's much trumpeted Citizen's Charter, has got off to an excellent start, claimed Mrs Bottomley. The Department of Health has received some one million requests for copies of the Charter.

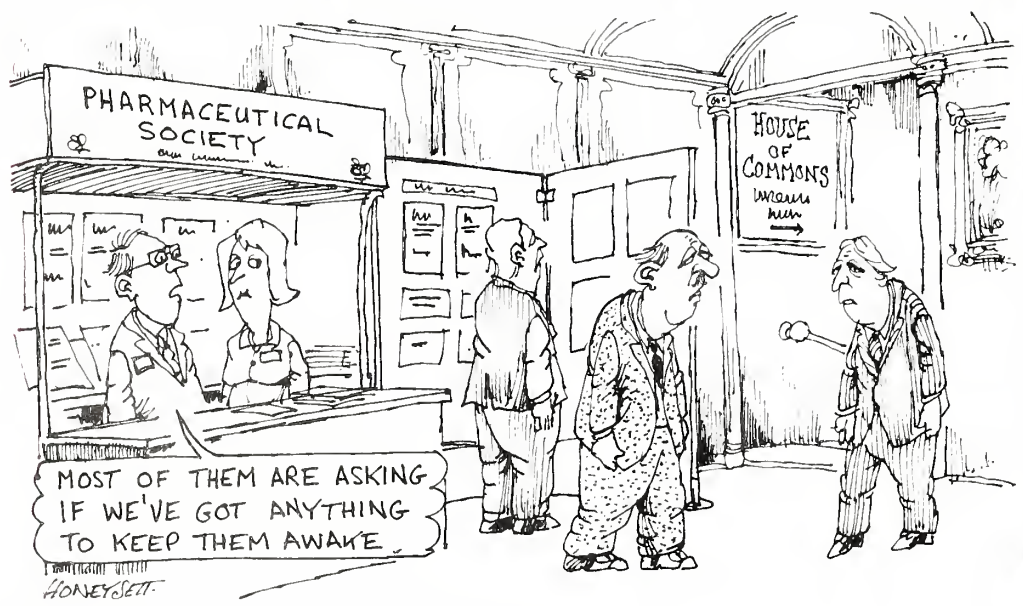
"I want the Charter to become as much a natural and integral part of the NHS as its nurses, hospitals and family doctors. This means continued vigilance to ensure that challenging standards do not slip. It also means extending the Charter further and deeper into the NHS," said Mrs Bottomley.

Community care goes ahead

Switching responsibility for community care from Whitehall to local authorities will go ahead in April next year as planned.

This has been made clear from 10 Downing Street following Press reports that public spending curbs imposed by the Treasury would necessitate delaying the change — originally proposed for April 1991 — for a further period. Labour MPs are strongly supporting demands from local authorities for additional funding to ensure that residential accommodation can be provided for all elderly people in need.

Ministers fear that without some expenditure limit being imposed there will be an unacceptable escalation in the new council tax which comes into operation next April.



RPSGB exhibition at the House of Commons - see page 1158

AIDS course

Kirklees Family Health Services Authority is offering pharmacy assistants free places on a course about HIV and AIDS.

The course, approved by the NPA as complimentary to the MCA course, is aimed at assistants whose pharmacists have participated in the AIDS course run by the Centre for Pharmacy Postgraduate Education.

The course is a joint initiative by the FHSA, Kirklees Pharmaceutical Committee Training Group, and Huddersfield Health Promotion. Gillian Hawksworth, local CPPE tutor and RPSGB Council member, hopes it will be the first of many such health promotion courses.

The course will be held on July 22 at 6.30pm at Kirklees FHSA, Mill Hill Hospital, Huddersfield.

UCCA figures up 2.2 pc

Student applications to universities and colleges have risen 14 per cent on last year, according to figures from the Universities Central Council on Admissions. However, the number of prospective pharmacy students rose just 2.2 per cent to 9,200.

The total number of applications received by May 26 was 262,268, up 28,000 on the total at the end of the 1991 entry cycle. Women outnumber men and show a larger increase in the number of applications. Figures show that pharmacy's 2.2 per cent was bettered by medicine (7.4 per cent), but dentistry applications rose less than 1 per cent.

The largest increase was for teacher training, up 93 per cent to 56,749. This was followed by psychology (up 33 per cent) and business and management studies (18 per cent).

Radical proposals for London's health

A reduction of a quarter in the number of hospital beds, the closure of around 10 acute hospitals, and a 30 per cent fall in medical manpower by the year 2010, are among radical proposals for London's healthcare.

In its latest report, the King's Fund Commission says that a radical shift of resources is necessary if Londoners are to get the health service they need. This rationalisation, estimated to cost at least £1.2 billion, also includes a consolidation of undergraduate and postgraduate medical teaching facilities and an overall reduction in the number of medical students trained in London.

The report — "London Health Care 2010: Changing the future of services in the capital" — does not look at the provision of community pharmacy services as part of primary healthcare. However it argues for strong primary and community-based services, supported by acute hospitals, with a small number of referral and research centres.

Currently Londoners are more dissatisfied with their health services than people living elsewhere in England, says the report. Healthcare in the capital costs an average of 20 per cent more than elsewhere in England with the inner city 45 per cent above the average.

An estimated 12,000 beds in core specialities like general medicine, general surgery and paediatrics will be needed in the year 2010-11, a decline of 5,000 on current numbers. No more than 30 of the capital's 41 acute hospitals are likely to be required, says the report.

"Our report lays out a clear plan to improve healthcare for Londoners into the next century," says Marmaduke Hussey, chairman of the King's Fund Commission. "For too long services have been antiquated, expensive and in the wrong place."

To underscore the Commission's recommendations, the King's Fund has announced that it will donate £1 million to support a development programme based upon them.

- "London Health Care 2010: Changing the future of health care in the capital" from BEBC, 9 Albion Close, Poole Dorset BH12 3LL, cost £14 plus £1 postage.

Alternative code of practice

The British Complementary Medicine Association, launched last week, is to establish a code of conduct for all therapies, backed by a complaints and disciplinary procedure.

Other aims are to improve standards of practice through education and training, to integrate complementary medicine in the healthcare system and to set up a public register of practitioners which will detail their qualifications.

President Lord Ennals said: "There is now all-party support for the Government's agreement to enable GPs to employ complementary therapists who can offer NHS treatment. Legislative backing is now needed to facilitate effective regulation by the different therapies. The BCMA will have the full backing of MPs in both Houses in the campaign for proper regulation."

The BCMA was formerly known as the National Consultative Council for Alternative and Complementary Medicine which was founded in 1989. It is based at St Charles Hospital, Exmoor Street, London W10 6DZ.

Judge praises pharmacists as 'invaluable safety net'

The Judge at the trial of a Bradford man, who practised as a GP for 30 years after stealing another man's identity, has praised local pharmacists for acting as an "invaluable safety net".

Judge Geoffrey Baker QC, jailing Muhammed Saeed to five years, said: "An unqualified man is a potential danger to patients. I have no doubt at all that the pharmacists, properly qualified and experienced, have acted as an invaluable safety net. I have heard several of them giving evidence and by their diligence and competence they have saved you and your patients from many of the consequences of your charlatanism."

During his 30 years posing as a GP, Mr Saeed had built up a 3,000 patient practice, one of the largest in Bradford. Over this time he had received £450,000 in wages from his local health authority. He was ordered to pay back £43,000.

During the six week trial at Leeds Crown Court, the jury heard how Mr Saeed gave an endless stream of weird and wonderful cures and remedies. These included:

- Sleeping tablets to be taken three times a day
- Morphine for a seven year old
- Shampoo to be taken by the mouthful
- Cough mixture to be rubbed onto the skin
- Inhalation tablets to be injected
- Suppositories to be taken orally.

Pharmacist Martin Spicer, who ran a shop next door to Mr Saeed's surgery, told how he constantly queried prescriptions. It become so frequent it was embarrassing, he said. On one occasion when he refused to dispense a drug for a baby because it was not for children under six, Mr Saeed had thundered: "I'm a bloody good doctor and you are the bloody chemist," he told the court.

Mr Spicer also said that in just six months he noted more than 250 serious prescribing errors which included shampoo for people feeling unwell and tablets by the spoonful. "Even a lay person would understand that a bottle of tablets should not be taken by the spoonful," he told the court.

Pharmacist Helen Carron told how Mr Saeed prescribed tincture of creosote for a woman with a sore throat. When she telephoned to point out the dangers of the medication, Mr Saeed suggested she change it to a throat spray.

Mr Saeed of South View Road, Bierley, Bradford, had pleaded not guilty to one charge of obtaining money by false pretences and three of obtaining property by deception from his local health authority by falsely claiming to be a qualified doctor, from 1961 to 1991.

Mr James Stewart QC defending, said that Mr Saeed would appeal against the conviction. He is also to face two other trials and was remanded in custody.

Pharmacheck to hold first health screening day

A service said to offer pharmacists the opportunity to evaluate cholesterol testing on their premises without financial outlay or additional work, is to hold its first health screening day next week.

Ashdale Pharmacy in Uppingham, Leics, will host the Pharmacheck service on June 29. The company behind the scheme, Pharmaforce Ltd, believe it offers a significant step forward in helping pharmacists bring cholesterol testing to a wider public.

Pharmaforce say there are a number of factors which may prevent pharmacists offering a cholesterol testing service including insufficient space, time, training, funds or even lack of interest.

Pharmacheck offers a screening service on the pharmacist's behalf with the owner of the business providing space for the service and the company providing another pharmacist with sufficient knowledge, time, and interest to carry out the testing.

The customer is charged for the cholesterol test and an "appropriate percentage" goes to the owner of the business and to the pharmacist and/or company providing the service, say Pharmacheck.

The company maintains that both customer and pharmacy owner benefit from the service. The former by being offered the service for a "reasonable fee" and the latter by offering the service "with all the attendant prestige" for "absolutely no investment at all".

C&D Price service

Procter & Gamble Health & Beauty Care increased their prices on certain products on June 15 , but omitted to inform *C&D* Price Service. They apologise for the inconvenience caused to their customers. The price changes will be shown in the July 4 Price List Supplement.

NI statistics

Statistics from Northern Ireland for March 1992 show that 1,401,082 prescriptions were dispensed on 845,250 forms. The gross cost was £11,686,120.34 (net cost £11,218,900.34). The gross cost per prescription was £8.34.

Mental helpline

Riverside Mental Health Unit has set up a helpline to advise healthcare professionals and the public on mental health matters. The number — 081-846 6622 — will operate from 9am to 5pm on week days with an answer phone relaying inquiries at other times. The helpline will be run by the unit's advanced nursing department.

PAGB targets GPs to build OTC brands in 1992

The Proprietary Association of Great Britain has developed a four part strategy for 1992 to increase the sales of OTC medicines in the UK, in particular by targeting patients that approach GPs with self-treatable symptoms.

The PAGB plan was revealed by its president John Ball at its first annual members' meeting last week:-

- To co-operate in a "POM to P working party" to give industry a richer source of ingredients and indications
- To develop a "GP information programme" to convince doctors that there is a full range of OTCs geared to their needs, both in terms of time and economy
- To in-put into "Health of the Nation" to convince key political groups of the economic value of OTCs
- To demonstrate how increased OTC merchandising has a positive effect on the consumers' attitude to the pharmacy as the source of medicines and information (*C&D*. May 2, p721)

Mr Ball said the POM to P working party had now met twice, chaired by the Medicines Control Agency, and had made proposals to reduce processing time to 12 months, to create a rejection appeal process, and to drop the POM order change wait.

"The next issue is what are the requirements for a successful switch. More meetings are planned over the next few months culminating in a joint symposium on October 14," Mr Ball said.

Mr Ball said the industry needed to convince GPs of the "immense value" self-medication has in treating self-limiting conditions. "We have developed a major programme which concentrates, via a proposed OTC directory and supporting back-up programme, on detailing our OTC products and benefits."

He said doctors would not let go of involvement in minor ailments, despite budgetary pressure, unless they had the confidence that their patients would not be at risk; knew that efficacious, well-known formulations were available and set out for them in a high quality information base.

Mr Ball said a PAGB members meeting was planned for September when the full package, and its price tag, would be revealed.

He then read part of a letter from Health Secretary Virginia Bottomley which, he said, endorsed the value of OTCs: "The Government remains steadfastly committed, in line with the Green Paper, to encouraging the trend of removing ingredients from prescription control, providing they satisfy criteria for safety, conditions suitable for safe-medication *(sic)*, and appropriate information for safe and proper use without medical intervention.

"I hope that the reclassification working party... will make a significant contribution toward promoting the kind of climate under which the continuing role of self-medication can flourish."

Mr Ball said doctors and pharmacists were inextricably linked to the process of the industry building OTC business. " Success in convincing doctors of the merits of self-medication needs to transfer to the pharmacy where the impression of a full and comprehensive range of medicines backed by the pharmacist is available."

He said the aim of the Weldrick experiment had been to measure the effect of putting P medicines on full view, putting GSL medicines on full self-selection, and checking whether the attitude of the public to the pharmacy altered as a result.

"Attitudinally, the effect was dramatic with improvements recognised by consumers who were positive towards the changes and, importantly, saw the pharmacy as more of a specialised drug centre for both product and advice. The signs are that it is having a positive effect on sales."

Mr Ball said expanded input from doctors into OTC recommendation needs strong consumer friendly pharmacy to complete the process. "We are continuing our display project to build a bigger data base of information."

PAGB president John Ball (centre) is pictured with vice-presidents Peter Jensen (left) and Gavin Bell before presenting to the annual meeting

OTC strategies

PAGB vice-president Peter Jensen said companies had to plan the full life cycle of a product in order to create the major OTC market the industry felt was possible. There was also a need to co-operate with colleagues in other companies to develop OTC strategies attractive to governments and useful in global healthcare.

"The companies of the future will plan the integration or the link between the development of a molecule or compound, through its patented life as a prescription only medicine, through to successful self-medication or OTC marketing."

Mr Jensen said planning should be done before a POM was marketed to the medical profession in order to extend the life of a drug beyond the patented period and the decline that came with generics. To do this the pharmaceutical and consumer arms of companies should provide a bridge between POM and P medicines. "We need to take measures to build on the R&D effort put into the original molecule."

Mr Jensen said that almost all UK POM to P switches had produced brands that went on to lead their therapeutic categories — a similar pattern had emerged in America.

Euro OTC brands

"Big corporations again see the potentially expanding OTC opportunity... and their marketing teams anticipate the time when they can save money by having just one brand, one advertising campaign beamed out by satellite, and even consolidated distribution through just one wholesaler."

This was the message given by Gavin Bell, PAGB vice-president. He said that this would require one pack, one brand name, one formula acceptable throughout Europe.

He said such Euro brands and Euro operations from single production sites would require mergers to get the critical mass necessary. But while this trend was underway, there would still be scope for brands with packs, claims and symptoms that were "peculiarly local".

Darling calls for assurances on community care

A call for more explicit assurances and clarity from the Government on care in the community arrangements has come from the chairman of the National Association of Health Authorities and Trusts (NAHAT).

Pharmacist Bill Darling, addressing the Association's annual conference, paid tribute to the enormous work already being done by the NHS and local Government to prepare the ground.

However, he highlighted a number of important issues of concern, including difficulties over placing people in nursing homes, the need for sufficient funding and for an effective and speedy mechanism for resolving difficulties where NHS and local authorities failed to agree.

In a wide ranging speech, Mr Darling said that the Government could demonstrate its commitment to improving people's healthy life span by backing the proposal to ban cigarette advertising. However, he refused to speculate on the outcome of a Government review into the direction of provider accountability and the role of regions.

An important point about the future relationship between the Department of Health, the NHS Management Executive and the NHS was, he said, that even with the reforms the NHS had moved too slowly from the old regime of bureaucracy, intervention and too many controls and circulars.

"To me the whole basis of the reforms has been about purchasers and providers being given the freedom to run their own ship, subject to lightest of central monitoring and direction, consistent with the public accountability of the NHS," Mr Darling said.

- The NAHAT conference in Harrogate also heard calls for the NHS to work together across professional boundaries, overcoming the dangers of "tribalism".

Dr Richard Smith, editor of the *British Medical Journal*, said the future of the health service was shared and everyone should work together. Improved accountability and listening to local voices was important.

Professor David Bellamy called upon NHS authorities and trusts to carry out regular environmental audits as part of increasing their awareness of the role of the environment in healthcare.

- The NPA, RPSGB and PSNC have a joint stand representing community pharmacy at the NAHAT conference. They see it as an excellent means of promoting pharmacists to other professionals, highlighting their role as useful members of the primary healthcare team as well as fostering good working relationships with other health professionals.

Topical REFLECTIONS

West Glam FHSA survey on healthcare

West Glamorgan Family Health Services Authority is asking local people for their views on the quality of primary healthcare in the area.

The Authority, in conjunction with the *South Wales Evening Post*, has produced a questionnaire relating to GPs, community pharmacists, dentists and opticians.

In the section dealing with community pharmacy, respondents are asked whether they use their chemist for advice on health matters. They are also asked if they pay for their prescriptions and whether they have used the late rota arrangements for dispensing prescriptions outside normal hours during the past 12 months.

In the section relating to GPs, patients are asked about a range of topics including practice leaflets, appointment systems, home visits and receptionists.

The survey is similar to one carried out 12 months ago. The FHSA hopes it will show whether any improvements made have been worthwhile, and help identify what other changes can be made.

FHSA guide to different cultures

A guide to help pharmacists, GPs, dentists and opticians in dealing with patients of different religions and cultures has been circulated by Hertfordshire Family Health Services Authority.

The 14 page guide explains how people from ethnic minorities may have differing attitudes towards medical and social matters. It also highlights various diseases which are particularly prevalent.

A section summarises the customs and beliefs of Muslims, Hindus, Sikhs, Afro-Caribbeans, Jains and Chinese including social taboos, eating habits and holidays.

'Cover up' urges leaflet

"Keep your shirt on when working outdoors" is the message in a new leaflet from the Imperial Cancer Research Fund — "Avoiding Skin Cancer".

The Fund's sun drill reminds people to keep their shirt on, wear trousers not shorts, use a strong sun block, wear a hat and reduce their exposure at other times like weekends and holidays.

Copies of the leaflet are available by sending an sae to the Public Relations Department, ICRF, PO Box 123, Lincoln's Inn Fields, London WC2A 3PX.

I can remember the good times too...

It was nice of R.D. Woodall to describe me in such sentimental terms (*C&D* June 20, p1106), but I am pleased to say that in my part of the country that familiar, friendly face is still alive and resisting all efforts to relegate him to the pages of history.

Likewise, there are many young, dynamic graduates itching to pick up the challenge, and when I retire I fully intend to ensure that one practice, at least, will not end up in the hands of the multiples.

All those extra services Mr Woodall referred to are supplied by myself or my staff, and many has been the time when, at one o'clock, in the morning, I have responded to a voluntary emergency call. Doctors, however, have always been contracted to give a 24-hour service, but a recent survey indicated that 70 per cent of them now consider this obligation is no longer necessary and should be the responsibility of a deputising service, answerable directly to the family health services authority. I have every sympathy with this viewpoint, but would suggest that, at the same time, a similar on-call service for pharmacy should also become the FHSA's responsibility.

In my area, only the dedicated few will volunteer to be on call out duty, with all the uncertainty and potential dangers of predictable unavailability that this produces. If that system was properly paged and remunerated, via the FHSA and a separate contract, then a genuine 24-hour pharmaceutical service could be organised. The present unrest in the medical camp paradoxically gives us the opportunity to develop such a service, allay one of Mr Woodall's genuine regrets, and at the same time dispense with the haphazard voluntary schemes that presently provide "emergency cover".

A winning injection?

My stocking of injections must have reached an all-time low this year when, for the first time in the middle of the hay fever season, I had to discard my only Kenalog injection as being out of date. I decided not to replace it as supply had obviously exceeded demand, and so far that decision has been vindicated by the non-appearance of any subsequent prescriptions.

To be fair I could be misjudging the situation, and the actual local use of Kenalog has at last achieved zero, but the truth is that GPs now supply all injections to their patients on the pretext of convenience while coincidentally enjoying a nice little extra contractural earner at the tax payer's expense.

All, however, is not lost. The power of the pharmaceutical industry may be coming to our rescue with the launch by Evans of Vivotif, an effective oral vaccine against typhoid. Given a preference, as a patient, I know I would prefer the inconvenience of taking a prescription to the pharmacy, and then swallowing three capsules over five days with few side effects, to the alternative of being attacked by some sadistic nurse armed with syringe and needle!

However, will the patient ever be given that choice? Not if Merieux have their way, since they believe that their new, once-only injectable is the perfect answer to the prescriber's prayer. One hundred percent compliance, a captive clientele, and with the 10 per cent priority order discount enclosed with the surgery mail out, a guaranteed winner every time. Meanwhile, what of the patient? Will they ever come to hear about the oral vaccine?

Dear Evans, please send me a large stock of your travellers information leaflets on Vivotif for distribution in my pharmacy, yours sincerely...!

Out of business and out of time?

Today, nine months after the sudden demise of Medicopharma, I received formal notification of the UK company being in receivership. It appears that non-preferential creditors stand little chance of ever seeing their money yet, in paying my account on time and then receiving retrospective discounts, that is what I have become.

There is a possibility that funds for the likes of me may eventually come over from Holland, but the Department of Health must bear some of the responsibility for my misfortune. In calculating the discount scale deducted from my monthly remuneration, the Department has assumed I have taken advantage of discounts available from my wholesaler. In order to maintain viability, I have had to operate in that manner but that discount has now, through no fault of mine, been withheld.

In this particular case I know I am not alone, and in registering creditor status the *bona fides* of each claim may he verified by the receivers. Pharmacists, in fulfilling their financial commitments, have become the innocent victims and pressure should now be brought to bear on the Department, by the Pharmaceutical Services Negotiating Committee, to accept responsibility and to reimburse directly those pharmacists affected.

Counter points

Sanatogen Teen fills a gap

Fisons Consumer Health have launched Sanatogen Teen, said to be the only dietary supplement in the UK specificallly designed for teenage girls.

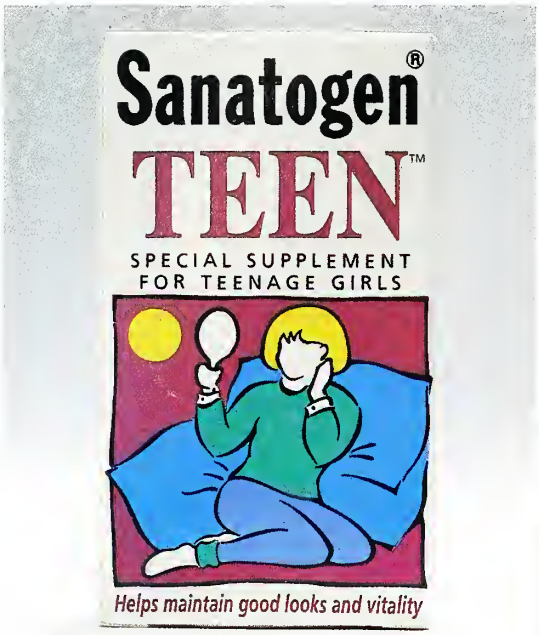
Sanatogen Teen are one-a-day capsules, retailing at £2.99 for 30. Each capsule contains vitamins A, B1, B2, B6, B12, C, D, E, niacin, folic acid, calcium, iron, magnesium and evening primrose oil.

Targetted at 12-17 year-old girls, the product is positioned to "help maintain good looks and vitality". Evening primrose oil is included to help maintain a healthy complexion, while vitamins A and D help maintain healthy hair and skin.

The company is confident the product will fill a gap in the dietary supplement market, as research has shown alarming dietary trends in girls aged 12-17.

Two thirds of teenage girls are trying to lose weight by cutting food intake, with 85 per cent regularly or occasionally misssing meals. And 90 per cent are said to consume less than the recommended daily amount of iron, while half may not get enough calcium and almost all girls consume insufficient vitamin B6 and D.

Sanatogen Teen will be supported with advertising throughout the teenage Press, along with a PR campaign. Shelf/counter units holding six packs will also be available. **Fisons Consumer Health Plc. Tel:0509 611001.**



Anadin Extra goes Soluble

Whitehall Laboratories have launched a soluble formulation of their Anadin Extra analgesic.

Each soluble tablet will retain the Anadin Extra formula of 300 mg aspirin, 200mg paracetamol, and 45mg caffeine. Packs of 8s (£0.82) and 20s (£1.85) are available, both as GSL products.

The launch will be backed with an intensive television advertising campaign which will start in September, with a total spend by Whitehall Laboratories of £1.5 million in the first year.

The company says soluble tablets account for some 30 per cent of all analgesics sales, with consumers showing an increasing preference for stronger products. **Whitehall Laboratories. Tel: 0271 45935.**

Natural Multivitamins from Seven Seas

Seven Seas are launching Multivitamins from Natural Sources, described as the first multivitamin supplement to contain only pure, natural nutrients, extracted from the original food sources.

The multivitamins are in a one-a-day capsule form.

Each capsule contains cod and halibut oils to provide vitamins A, D, docosahexaenoic acid and eicosapentaenoic acid; vitamin C from acerola cherries; vitamin E from wheatgerm; natural lecithin from soya beans; Siberian ginseng, and sunflower and olive oils. A variant containing iron is also available.

Multivitamins from Natural Sources are packaged in seal-tight tubs with cartons, colour-coded green or blue to distinguish the variants.

They are available in two sizes, Natural Multivitamins 30s £2.09 and 60s, £3.89; Natural Multivitamins with Iron 30s, £2.19 and 60s £3.99.

The launch and on-going publicity will be supported with a £2m spend, including double-page spreads in leading women's magazines and an extensive PR campaign.

A two-tier counter display unit and shelf display tray are also available, and there will be special bonus deals available on the product for the sell-in period. **Seven Seas Health Care Ltd. Tel: 0482 75234.**

NEW from SEVEN SEAS
The first ever Multivitamins from entirely natural sources
NEW SEVEN SEAS
The first ever Multivitamins from entirely natural sources

Oral-B Summer promotions

Oral-B are supporting their range of interdental products with a trial price promotion.

Oral-B dental floss is reduced from £1.42 to £1.19, dental tape with fluoride is down from £1.32 to £1.09 and there is a 23p saving on woodsticks. The promotion runs until the end of September.

The company is also offering a free toothbrush when they buy two special packs from the Oral-B Plus and Plus Angle ranges. Consumers can claim a voucher redeemable against next purchase until the end of September. **Oral-B Labs. Tel: 0296 432601.**

Neutrogena add dry skin cream

Neutrogena have launched Dermatological Cream, an intensive moisturiser for the treatment of a variety of dry skin conditions.

Dermatological Cream (100g £5.45) is recommended as a topical emollient for dry skin conditions such as dermatitis, ichthyosis, the dry stage of eczema and psoriasis. The formulation includes glycerin, is fragrance and lanolin-free and suitable for all skin types, says the company. The product carries the "Norwegian Formula" motif seen on Neutrogena hand cream.

Neutrogena are supporting the launch with a £250,000 campaign which will include Press advertising in a selection of consumer and medical titles, sampling and direct mail.

Neutrogena (UK) Ltd. Tel: 071-821 1984.

Under cover offer from Pure & Simple

Smithkline Beecham have teamed up with lingerie retailer Knickerbox in a Summer promotion for their Pure & Simple range.

Knickerbox have designed a special Pure & Simple bra and brief set, available in all outlets throughout July. On purchasing the set (£13.99) consumers will receive a free Pure & Simple light moisturising lotion plus a 50p-off-next-purchase voucher.

Consumers who purchase just one item from the set will be entitled to receive the voucher.

The complete Pure & Simple range will be featured in window and in-store displays in all Knickerbox outlets throughout the promotion.

Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.

Fruits of the rainforest for body care from Natural Way

Tropika Rainforest from Natural Way is a new range of body care and bath products which are based on natural ingredients found in the forests of central America.

All materials used are ecologically sound and natural, say Natural Way. All of the ingredients contained in the products are cruelty free, says the company.

A share of the profits made by the company is committed to rainforest conservation projects in Costa Rica.

Products in the range Tropika Rainforest range include glycerin soaps which are vegetarian-approved, shampoos, moisturising creams, herbal and mineral baths and a selection of gift packs. For further details contact **Natural Way. Tel: 0483 272560.**

Wrigley promote dental health

Wrigley have produced a new dental care leaflet and poster. Entitled "Chewing helps nature fight plaque acid", they focus on the role of saliva in dental health. For copies contact the Dental Programme Manager, The Wrigley Co, Estover, Plymouth PL6 7PR. **Wrigley Co Ltd. Tel: 0752 701107.**

Jordan Le Brush gets Disney for adults too

Jordan are building on the success of their junior Disney toothbrushes and launching a Disney range for adults.

Disney Le Brush incorporates all the features of Le Brush, including the wide, flat handle on which the Disney graphics are displayed. A choice of four Disney characters is available.

The launch of Disney Le Brush will be supported by a PR campaign and a trial programme in selected women's magazines.

Chemist Brokers Ltd. Tel: 0705 219900.

Crookes Healthcare have given their Mycil range of footcare products a new look. The Mycil logo has been made bigger and bolder and the foot motif has been redesigned, giving the pack a clearer look. Crookes Healthcare. Tel: 0602 507431.

Summer special offers from Numark

Throughout July Numark will he offering special deals on Slim Fast cans and sachets (£5.49), Harmony Hairspray (200ml £0.95), Natrel Aerosol (150ml + 20ml £1.45) and Kleenex for Men and Super 3 twin packs (£1.99).

Point of sale display boards will be available for use in conjunction with Numark's window display unit to promote the special price lines. **Numark Management Ltd. Tel: 0827 69269.**

Numark have relaunched their first aid dressings range. The products have been packaged in co-ordinating colours with flip-top cartons and tamper evident sealing strips. The range comprises washproof dressing strip, fabric dressing strip, washproof plasters, fabric plasters and clear plasters. They are available in single variant or in composite packs comprising six of each variant. Numark Management Ltd. Tel: 0827 69269.

Rimmel's New Twist for lip products

Rimmel have added A New Twist to their lip products, with three new formulations, new shades and updated packaging.

Rich Moisture lipstick (£1.99) is said to create a smooth, dewy finish and contains conditioning agents. It comes in 18 shades.

Lasting Finish lipstick (£1.65) has a creamy formulation and contains powders to extend wear. It comes in 24 shades.

Sheer lipstick (£1.49) contains a sunscreen to protect lips and gives a soft hint of colour. It comes in four shades.

The lipstick range has been repackaged, retaining the familiar burgundy, with packs featuring faceted edges and touches of gold to highlight caps and labels.

A New Twist is supported by an educational leaflet at point of sale featuring a gift with purchase offer. A set of four ornate gold-coloured button covers come free when £5 or more is spent on Rimmel products, one of which must be a lipstick. **Rimmel International. Tel: 071-637 1621.**

Jackel International have added a weaning set, comprising bowl and long handled spoon, to their Tommee Tippee range. Retailing at £1.99 the set is available in red or lilac. The bowl and spoon can be microwaved, boiled or steam sterilised. Jackel International. Tel: 091-250 1864.

Natrel Plus looks to the stars

Gillette are running an unusual promotion on their Natrel Plus range, offering consumers the chance to obtain a personality analysis with two proofs of purchase.

The 15-page character analysis, determined by the precise position of the planets at time of birth, is calculated by computer. The interpretation is written by a leading consultant astrologer, Robert Currey of the Astrology Shop in London. The analysis (worth £14) is available for £3.99 and two proofs of purchase.

The consumer needs to send details of date, time and place of birth. Details of the offer will be featured on-pack. **Gillette UK Ltd. Tel: 081-560 1234.**

Feeding is fun!

Maws have added an illustrated trainer cup to their range of feeding accessories.

The new trainer cup comes in two simple designs, a leaping rabbit or a tumbling clown. The cup has a screw-on trainer spot with a separate travel cap to prevent leakage. The cups retail at £1.70 each and come in outers of 12. **Addis Ltd. Tel: 0992 584221.**

Protector

Wilkinson Sword are advertising their Protector razor on television in July and August. The first £1.5 million burst will be shown on ITV and BSkyB. **Wilkinson Sword. Tel: 0494 533300.**

Pharmax have produced a new counter unit to support Sudocrem over the holiday season. The display unit includes a colourful showcard depicting children playing on the beach and holds eight 30g tubes of Sudocrem. The new units are available from representatives. Pharmax Health Care. Tel: 0322 550550.

Dual action masks from Dior

Christian Dior have extended their Equite skincare range with the addition of two dual action Instant Radiance masks (£16).

Both masks come in a new "tube within a tube" presentation which keeps the two components separate. The masks should be left on for just five minutes, then removed with tissues and the face splashed with water. They can be used at any time, by all skin types, says the company.

Instant Radiance Relaxing mask is said to give "tired" skin a smooth, radiant look. In the inner tube is a rich emulsion containing sweet almond and camomile extract. In the outer tube is a fresh, emollient gel with white lily and wheat peptides.

Instant Radiance Purifying mask is said to clean and refresh dull skin. The inner phase is a gel with plant extracts selected for their cleansing power. The outer phase is a fresh, emollient gel with white lily and wheat peptides. **Parfums Christian Dior. Tel: 0273 515021.**

Zorbit add to Furry Friends

Zorbit Babycare have extended their Furry Friends range of cot bedding with the addition of a Moses basket, baby bath robe and wallpaper border.

The Moses basket is made from palm leaf with a cotton cover and retails at £39.99. The cotton towelling bath robe features the Furry Friends characters (£6.95). The wallpaper border has been designed for nursery use and is applied with paste (£7.95). **Zorbit Babycare. Tel: 061-368 1961.**

Taylor add luxury bath and body range

Taylor of London are extending their range with an aromatherapy line.

The range comprises three formulations, available as bath essence (250ml £7.50), shower gel (250ml £5.50) or body and massage cream (250ml £7.50). Refreshing Blend combines willow with camomile; the Relaxing Blend contains melissa and marigold; the Reviving Blend contains rosemary and nettle. Packaging features illustrations of forest glades and woodland nymphs. **Fine Fragrances & Cosmetics Ltd. Tel: 081-979 8156.**

Windsor Summer competition

Windsor Healthcare's Summer promotion for Dulco-lax is called Travel in Style, and comprises a special competition for pharmacy assistants.

Throughout the Summer the Windsor sales force will be distributing competition leaflets to pharmacy assistants.

The forms contain information on the brand and, by answering five questions on Dulco-lax, pharmacy assistants can win a full set of Pierre Cardin luggage. **Windsor Healthcare Ltd. Tel: 0344 484448.**

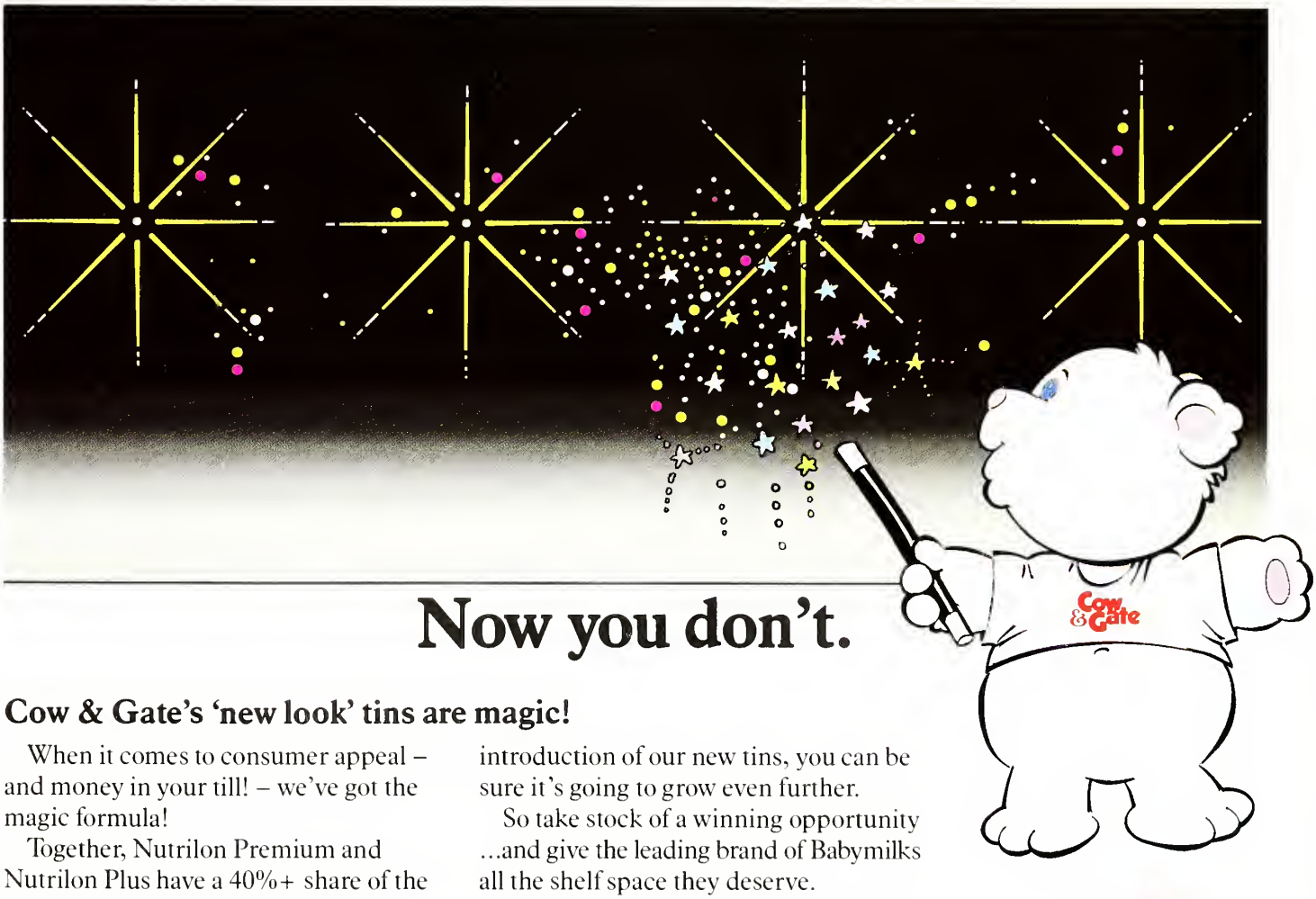
New Legacy from Pretty Polly

Pretty Polly have introduced Legacy, a range of sheer tights with a new waist band for increased comfort.

The tights contain Lycra and come in a choice of sheer (£1.50) or ultra sheer (£1.75) and are available in six shades — dusky black, barely black, grey, mink, mist and navy — and a choice of three sizes — 33-37in, 38-42in and 42-46in.

The launch will be supported by a £3 million national television campaign which will run from October. **Pretty Polly Ltd. Tel: 0623 552500.**

Now you see them.



Now you don't.

Cow & Gate's 'new look' tins are magic!

When it comes to consumer appeal – and money in your till! – we've got the magic formula!

Together, Nutrilon Premium and Nutrilon Plus have a 40%+ share of the Babymilks market – and with the introduction of our new tins, you can be sure it's going to grow even further.

So take stock of a winning opportunity ...and give the leading brand of Babymilks all the shelf space they deserve.

Then watch them quickly disappear!

Cow & Gate

The Babyfeeding Specialists

Cow & Gate Ltd., Trowbridge, Wiltshire BA14 0XQ. Tel: 0225 768381 Cow & Gate (Ireland) Ltd., Sandyford, Dublin 18. Tel: 01 954744

Breastmilk is the best food for babies. The purpose of infant milk formula is to replace or supplement breastmilk when a mother cannot, or chooses not to breastfeed. The cost of infant milk formula should be considered, and medical advice taken, before deciding how to feed a baby.

Bob Martin add pet supplements

The Bob Martin Company have extended their petcare range with the addition of condition tablets for dogs and cats of different sizes.

There are condition supplements for puppies (£1.99 for 28), small, medium and large dogs (£1.64 for 30) and a liquid conditioner for elderly dogs (150ml £3.34). For kittens there are condition drops (15ml £1.99) and a paste for elderly cats (30ml £2.99).

The products will be supported by a television campaign until the end of August. A display unit is available. **The Bob Martin Co. Tel: 0934 838061.**

A tonic for Cacharel

Prestige & Collections have extended their Cacharel Pour l'Homme range with Hydrating Tonic aftershave gel (£13.95). It has a light texture and is alcohol-free. Enriched with bisabolol it soothes razor burn and moisturises. It also contains glycerol and menthol. **Prestige & Collections. Tel: 081-979 6699.**

Sleek styling

To coincide with the launch of their Sleek range, L'Oreal have produced a consumer guide to hairstyling called *Styling in the 90's*, which is free to customers on receipt of proof of purchase. Floorstands will promote the magazines, together with POS flip guides showing modern hairstyles. **L'Oréal. Tel: 071-937 5454.**

Colgate message on milk cartons

Colgate Great Regular Flavour is being advertised nationwide on milk cartons throughout the Summer, beginning in mid-June, as part of a £4 million advertising campaign emphasising the benefits of calcium.

The campaign message — "What's white, contains calcium and helps strengthen teeth ?" — will feature on 33 million cartons through the five largest independent dairies. Colgate estimate that this form of advertising will reach five million households all over the UK.

It is the first time a toothpaste has been advertised on milk cartons. Colgate have chosen this form of advertising because of milk's image as a good source of calcium and the fact that it is a "morning" product and may remind people to brush their teeth. **Colgate-Palmolive. Tel: 0483 302222.**

New bottle

Chancellor Group are now bottling their 500ml Minamino Compound in a white polyethylene bottle. The product will remain in the same outer carton. The 200ml Minamino Compound will remain in the brown glass bottle for the present. **Chancellor Group. Tel: 0978 661351.**

Delore for nails

Original Additions are now the sole distributers for the Delore range of eco-friendly nail products. The range consists of seven products: organic nail hardener and polish dryer; silk ridge filler; chip proof top coat; nail thickener and protector; nail fix gel; cuticule corrector; hand cream. **Original Additions. Tel: 081-573 9907.**

Splash out

Cussons are investing £1.3 million in a national poster campaign to support their Imperial Leather shower gel this Summer. **Cussons Ltd. Tel: 061 792 6111.**

Savlon on TV

Zyma Healthcare are supporting Savlon this Summer with a new television campaign comprising a series of four commercials. A new advert has been produced for Savlon Dry spray. The £1.5 million campaign runs from now for six weeks. **Zyma Healthcare. Tel 0306 742800.**

Sure offer

Elida Gibbs are promoting Sure in July, with 25ml extra free on Sure aerosols and 10 per cent free on roll-ons. The promotion applies to all Sure variants. **Elida Gibbs. Tel: 071-486 1200.**

Disprin on TV

Reckitt and Colman are spending £1 million on a television advertising campaign for Disprin, which will run during July and August. **Reckitt and Colman. Tel: 0482 26151.**

Arteroil samples

Healthcrafts have launched a £60,000 sampling campaign for Arteroil fish oil capsules in the *Sun* newspaper. Readers are invited to write in for one of 10,000 packs of Arteroil, with the next 10,000 readers receiving a £0.50 money-off coupon redeemable against purchase of the product. The offer is part of a double page spread on the benefits of fatty fish in the prevention of heart disease. **Healthcrafts Ltd. Tel: 0932 336366.**

Olympics

Sanatogen are running an on-pack "Win a trip to the Olympics" competition offering a trip to Barcelona for four people, with Sanatogen T-shirts for 500 runners up. **Fisons Consumer Health Plc. Tel: 0509 611001.**

For the over 40s

Healthilife is launching a Summer promotion, offering 50 per cent extra free on its 40/40 Plus special supplement, targetted at the over forties. **Healthilife Ltd. Tel: 0274 595021.**

Sebamed moves

From June 29, Sebamed will no longer be available from The Wellcome Foundation. Responsibility for the range will be transferred to The London Rubber Company Products Ltd and all orders and inquiries should be sent to them at North Circular Road, Chingford, London, E4 8QA. Tel: 081 527 2377.

Fuji promo

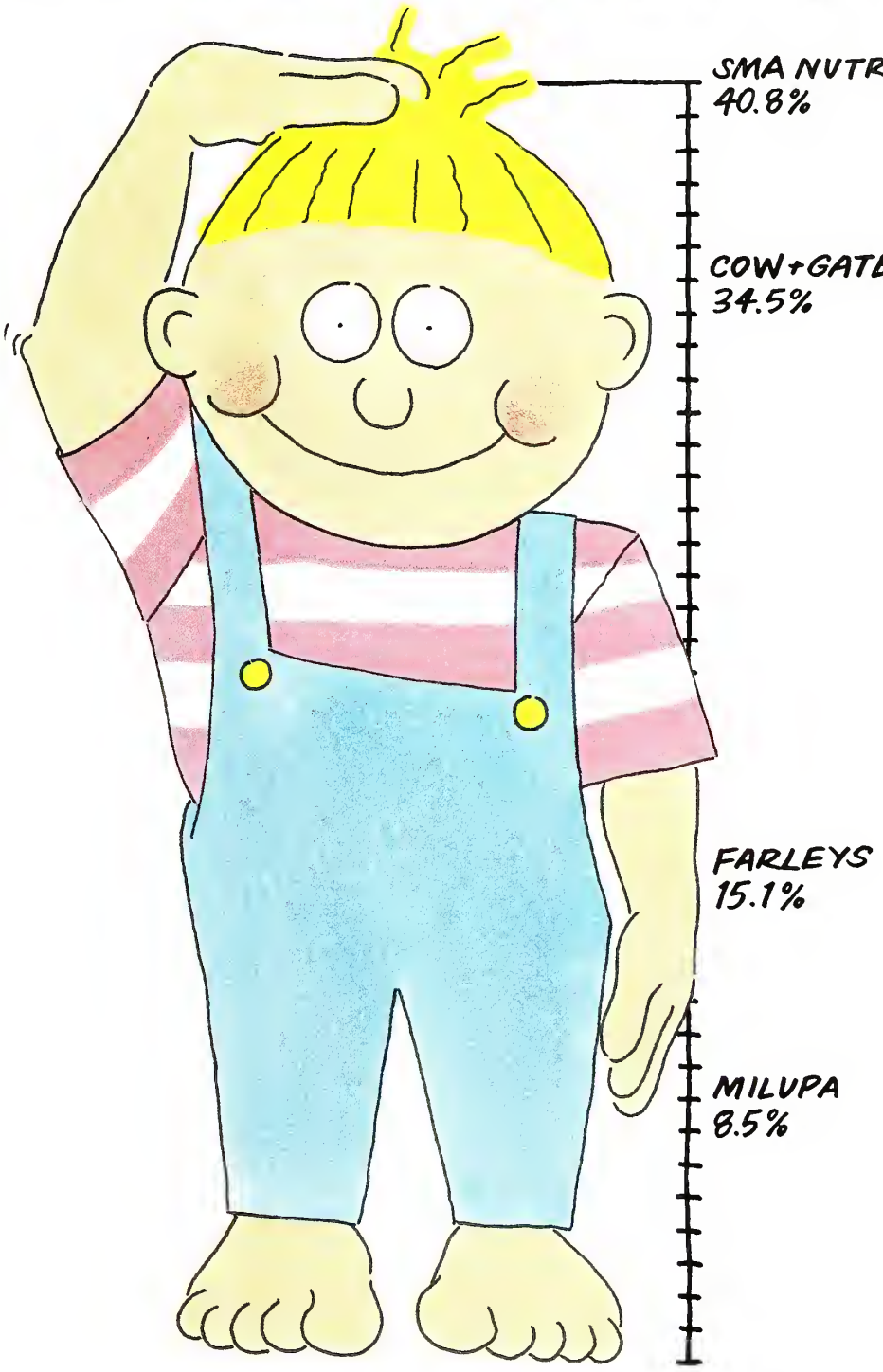
Fuji are launching a £1.5 million advertising campaign, starting this Monday. The campaign will offer Fuji film users a chance to win two British Airways tickets to anywhere in the world. Consumers have to call 0891 345600, establish proof of purchase, identify a holiday destination from Press advertisements and leaflets and answer a travel question. The offer runs through July and August. **Fuji Photo Film. Tel: 071-586 5900.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Aquafresh Flex toothbrush:	All areas
Aquafresh toothpaste:	All areas
Allereze:	TV-am
Ambre Solaire:	All areas
Bodyform Plus:	All areas except G,C,CTV,C4
Braun Style'n'go:	All areas except TV-am
Colgate Great Regular Flavour:	All areas
Dove:	All areas
Finesse:	STV, G, C, A, CTV, TSW, TVS
Immac:	All areas except LWT & TVS
Lanacane Creme:	U, STV, G, C, LWT, C4
Macleans Active Mouthguard:	All areas
Macleans toothpaste:	All areas
Oxy:	All areas
Panadol Extra:	TV-am
Peaudouce Step by Step:	STV, BTV, C, A, HTV, TVS, LWT, TTV, TV-am
Remegel:	TV-am
Salon Selectives:	All areas except GTV, STV, B, Y, TTV, TV-am
Slim-Fast:	All areas
Solpadeine:	TV-am & BSkyB
Timotei Honey shampoo:	All areas except TV-am
Ultra Togs:	TV-am
Wrigley's Extra & Orbit:	All areas

No-one else measures up!



Who's the biggest baby milk in the pharmacy sector? SMA Nutrition of course, with 40.8%[1] of all sales!

It's not surprising when you think of the quality and reputation of our range. And a wider choice than any other manufacturer.

There's SMA GOLD* and SMA WHITE*, trusted through generations, and still as popular as ever. And for convenience there's SMA Ready-to-Feed in go-anywhere, feed-anywhere cartons.

Specially designed for older babies there's PROGRESS*, our follow-up milk. PROGRESS dominates this new and growing sector of the market.

And WYSOY*, our milk free formula accounts for two out of every three soy formula prescriptions.

With more mothers buying baby milk in pharmacies than anywhere else, the message for your business is clear.

SMA Nutrition equals healthy growth.

IMPORTANT NOTICE

Breastmilk is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding. Introducing partial bottle feeding could negatively affect breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.

Progress is a balanced blend of milk solids, vitamins and minerals for babies 6 months and older. Used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy and sustained growth. Progress is not intended to replace breast feeding.

Breastmilk is best for babies. Wysoy milk free formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk protein or intolerant to lactose or sucrose. Professional advice should be followed. Soy baby milks are not recommended for premature babies or those with kidney problems. Medical guidance should be sought.

1. F.S.A. Chemist Data, Volume March/April 1992.

SMA Nutrition, Huntercombe Lane South, Taplow, Maidenhead Berks SL6 0PH. Tel: 0628 660633.

*Trademarks

Allergen avoidance for allergy prophylaxis

Allergen avoidance is currently recommended for the treatment, but not prophylaxis, of allergic disorders. However research published in this week's *Lancet* has found that reduced exposure of infants to allergens in food and housedust lowers the frequency of allergic disorders in the first years of life.

Doctors at St Mary's Hospital, Isle of Wight randomly allocated 120 infants with a family history of atopy, to prophylactic and control groups for the first 12 months of life.

The lactating mothers of the 58 infants in the prophylactic group avoided milk, eggs, fish and nuts; they also avoided feeding their infants these foods or soya, wheat and orange up to the age of 12 months.

The infants' bedrooms and living rooms were treated with mite-killer every three months. In the control group, the diet of the 62 infants and their mothers was unrestricted, and mite-killing treatment was not carried out.

At 12 months of age, allergic disorders had developed in 40 per cent of the control group compared with 13 per cent of the prophylactic group. The prevalences at 12 months of asthma and eczema were also significantly greater in the control group. And parenteral smoking had a profound effect on the prevalence of asthma and total allergy, irrespective of whether one or both parents smoked.

The study was conducted for 12 months because it is known that seasonal factors can affect the development of allergic disorders. However, it is possible that a shorter duration of exclusion may be sufficient for a prophylactic effect.

The authors also point out that allergen avoidance could possibly delay rather than prevent the development of allergic disorders. They suggest that longer follow-up, at least into later childhood, is required to discover if the reduction in allergy will be maintained.

A synthetic leech for thrombosis

The leech, which was making something of a comeback, may fade into medical history again with the announcement last week that phase 3 clinical trials have started using a synthetic equivalent in the treatment of thrombosis.

Developments in biotechnology have enabled Ciba-Geigy to embark on large scale production of hirudin, the protein secreted by leeches to stop blood clotting when they feed. Previously it was difficult to extract and purify the anticoagulant from its natural source. Supply problems have been compounded because the medicinal leech is now a protected species. And because of the risk of HIV infection, a different leech must be used for each patient.

Hirudin differs from other drugs currently used in thrombosis in that it acts by inhibiting thrombin, which activates blood platelets and splits fibrinogen to fibrin.

Drinking to health

Although high intake of saturated fat correlates with high mortality from coronary heart disease in most countries, France is the exeption.

High wine consumption in France has led to the suggestion that alcohol may help protect against CHD by preventing atherosclerosis, but a group of French doctors now believe that alcohol's effect on reducing platelet activity may be the key.

In this week's *Lancet* the doctors reason that although alcohol is believed to prevent atherosclerosis through the action of high density lipoprotein cholesterol, serum concentrations of this are no higher in France than elsewhere. But there is evidence that platelet aggregation, which is related to CHD, is inhibited significantly at levels of intake associated with reduced risk of CHD. The rebound effect on platelets after alcohol withdrawal could also explain the increased risk of sudden death associated with excessive drinking.

Script Specials

Diamorphine from Napp

This Monday, Napp Laboratories are introducing Diamorphine Hydrochloride BP for Injection. The range contains the Napp "Diaphine" brand of diamorphine hydrochloride BP, available in five strengths. The 5mg, 10mg or 30mg strengths are presented in cartons of 5x2ml clear ampoules while the 100mg and 500mg strengths are in 5x5ml ampoules.

The product may be given by intravenous, subcutaneous or intramuscular injection, or by intravenous infusion, depending on its use.

Diamorphine Hydrochloride for Injection is indicated for the control of severe pain associated with cancer, acute myocardial infarction, and for the relief of respiratory distress associated with acute pulmonary oedema.

Dosage and administration, contra-indications, warnings, and side effects are as for other products containing diamorphine hydrochloride; see Data Sheet.

Diamorphine Hydrochloride for Injection is classified CD (Sch2)POM. Trade prices for five ampoules are as follows: 5mg £5.81; 10mg £6.68; 30mg £7.98; 100mg £22.12; 500mg £103.42. **Napp Laboratories Ltd. Tel: 0223 424441.**

Lavender for relaxation

Aromatherapy contains the essential ingredients for relaxation, according to a recent study conducted at the Royal Sussex Hospital in Brighton.

Thirty six patients in the intensive and coronary care units were divided into three equal groups, and given either a 20 minute foot massage, a foot massage with lavender oil or a 20 minute rest.

Half the patients in the aromatherapy group reported a decrease in pain, compared to 41 per cent in the massage group and 16 per cent in the rest-only group. Heart rates and respiratory rates were significantly reduced in over 75 per cent of patients treated with lavender oil; blood presure also fell in half this group, and many patients became sufficently relaxed to fall asleep.

More for Cilag

From July 1, Cilag will take responsibility for the UK marketing and distribution of Acnidazil and Lenium. Inquiries should be directed to **Cilag Ltd. Tel: 0494 563541.**

Tanderil/ chloramphenicol

Cibavision say that Tanderil/chloramphenicol eye ointment is to be discontinued from July 7; stocks should not be returned before this date and any returns should be notified in advance. The company recommends that patients are switched to Tanderil 10 per cent eye ointment, plus chloramphenicol eye drops or ointment. **Cibavision UK Ltd. Tel 0489 785399.**

Tagamet change

The flavour of Tagamet Effervescent tablets 400mg is being changed from raspberry to orange, and the packaging will change from three tubes of 20 tablets to four tubes of 15 tablets. **SmithKline Beecham Pharmaceuticals. Tel: 0707 325111.**

Redesign for Careline

Pharma-Plast have redesigned the Careline E4 2 litre drainage bag, featuring a new cross action drainage tap with touch sensors. **Pharma-Plast Ltd. Tel:0527 64222.**

ICI extend

Zoladex is now licensed for use in endometriosis, in addition to its existing indications for prostate cancer and advanced breast cancer. ICI say it is the first ready-to-use gonadotrophin releasing hormone agonist to be licensed for endometriosis. Like other treatments for the disease, it is licensed as a six month course of therapy.

ICI's anaesthetic Diprivan is now licensed for up to three days sedation of ventilated, adult patients in intensive care. It is now available in 100ml vials for use with volumetric pumps. **ICI Pharmaceuticals UK. Tel; 0625 535999.**

Arthrotec licence

Searle have announced that their NSAID Arthrotec has been granted a product licence in the UK. Arthrotec tablets contain diclofenac sodium 50mg and misoprostol 2000mcg; the company says misoprostol is often co-administered with NSAIDs to decrease the incidence of NSAID-induced ulcers. There are no firm plans for the launch date yet. **Searle Pharmaceuticals. Tel:0494 521124.**

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'Sex in car' pharmacist given one last chance

A pharmacist who allegedly turned nasty when a farmer and his family interrupted his early morning sex session in the back of a car, has been given one "last chance" by the Royal Pharmaceutical Society's Statutory Committee.

Hafiz Noorullah leapt out of the car and told the farmer, his wife and two teenage children to "F... off", reducing the 14 year old daughter to tears, it was claimed.

Mr Noorullah, of Knaresborough Drive, Fartown, Huddersfield, pleaded guilty at Huddersfield Magistrates Court to a public order offence following the incident and was fined £50.

However, he told the Committee that he had been in the front seat of the car, had not been having sex with his girlfriend, and had only pleaded guilty because he admitted swearing at the farmer. He claimed: "I'm not sexually active for religious reasons."

The Committee heard that Mr Noorullah had been though "a series of troubles" which had landed him in court — and on one occasion, before the Committee — during the past five years.

In October 1987 he had been fined for avoiding payment of the train fare between Grimsby and Huddersfield. He had also been sentenced to three months imprisonment, suspended for two years, for the theft of £150 from his then employers, and had since appeared before several courts for a series of driving offences.

Committee chairman Mr Gary Flather QC said that leaving aside the conviction for dishonesty, it might appear to some people that the offences were not "really of much significance" but their accumulative effect gave a picture, which became clearer and clearer, of irresponsibility and conduct unbecoming of a pharmacist.

The Committee had considered striking Mr Noorullah's name off the Pharmaceutical Register but decided to adjourn the case for 12 months "so that we can keep your behaviour under our eyes for the next year".

But Mr Flather warned Mr Noorullah that this was very much his last chance. If Mr Noorullah committed no further offences over the next year, the Committee might dispose of the matter for good, he said. However, they reserved the right to postpone judgment.

Restoration applications: two won, two lost

Two applications for restoration to the Register of the Royal Pharmaceutical Society were approved by the Statutory Committee last week. Two further applications were unsuccessful.

Restored to the Register was Michael Hillard of High Hurst, Allington Road, Newick. He was struck off on July 10 1990 after selling four bottles of codeine linctus to a drugs inspector and being unable to account for more than 400 litres of the drug.

He admitted supplying the codeine to addicts under the mistaken belief that he was helping them.

Committee chairman Mr Gary Flather QC said that it was to his credit that Mr Hillard had had 30 years on the Register although he had shown a "lamentable lack of control" about dispensing the linctus.

- Indra Patel, of Belton Road Perivale, Greenford, was also restored to the register on his second application on June 18.

Mr Patel was struck off in February 1986 after pleading guilty at Marylebone Court to supplying Valium and Diconal to a drug addict and failing to enter particulars of the Diconal in the drugs register.

Mr Jocelyn Hill QC, solicitor for the Committee, said Mr Patel had "behind closed doors sex" with the addict in the backroom of his shop in exchange for drugs.

Announcing the decision to restore Mr Patel to the Register, Mr Flather said: "This is not a court of morals. We are only concerned about the professionalism of pharmacists, something which should not be allowed to lapse for sex, or anything else."

- Howard Angad Ramdeen of 49 Rashleigh House, Thanet Street, Bloomsbury failed in his attempt to be restored to the Register on June 17.

The Committee heard that Mr Ramdeen was found guilty of misconduct and struck off the register in August 1989 over the sale of 2,060 litres of codeine linctus in six months.

Since October last year, Mr Ramdeen has been working voluntarily at Moorfields Eye Hospital and said, if restored, he would treat codeine with "great care".

Still viewing the amount of codeine linctus sold as "shocking" the Committee rejected the application.

- A restoration application from a former member of the Scottish Executive, who became addicted to amphetamines, has been described by the Statutory Committee as "premature".

The Committee heard that Mr Burness had not taken amphetamines in any form for well over four years. He also attended a pharmacy in Forres, Morayshire to keep up to date.

Mr Flather, announcing the decision against restoration, said that, taken on balance, the Committee felt the application was premature and at least another year should elapse before any further application was made.

Unsupervised sale to inspector — reprimand

A pharmacist whose wife, in his absence, sold a Pharmacy Only medicine to a Society inspector has been reprimanded by the Statutory Committee and warned as to his future conduct.

The Committee heard that at the pharmacy in Webbs Road Battersea, Punil Thakrar's wife, who is not a pharmacist, sold Benylin Chesty Cough Linctus to the inspector in the absence of her husband.Mr Thakrar was subsequently fined £150 and ordered to pay costs of £50 for the offence.

Mr David Bradly, counsel to the Committee, said that Mr Thakrar was working at a pharmacy in Ipswich on February 28, 1991, the day of the inspector's visit.

Mr Thakrar had initially lied to inspectors about where he had been but eventually admitted that he had stayed at an Ipswich hotel on the night before the visit so that the following morning, he could open up a shop which he owned.

Announcing the reprimand, Committee chairman Mr Gary Flather QC said the offence had been aggravated by the lies which Mr Thakrar told the inspector.

Mr Thakrar apologised for the lies and promised it would not happen again.

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Points of law

Keeping information confidential

While employees owe what is called "an implied duty of confidentiality" as part and parcel of their general duty of fidelity, this is considerably restricted after their employment ceases.

While working for a company, employees must not go round telling others of their employers' business dealings or making personal use of confidential information gained through their employment.

The courts do not take such a strict view after employees have left the firm, however. Much will depend on the level of information they disclose or use; if it amounts to a trade secret then ex-employees may not disclose it.

In a recent case in the High Court, however, it was decided that there was nothing wrong with some ex-employees using certain items of financial information concerning their former employer's business plan to set up a competing business.

This sort of case is likely to depend, to a large extent, on particular facts. The Court took into account the level and nature of the employment: how secret was the information and just how available it was? It also took into account how much the employer had impressed secrecy on his employees.

It was the employer who had brought the action and thus the Court also considered just what the motive was: was it to preserve his secrecy or to shut down a potential rival at an early stage?

Employers should be aware that the courts are becoming increasingly reluctant to enforce non-competitive, restrictive covenants on ex-employees.

The self-employed conundrum

Being self-employed has considerable bearing on your tax position. But sometimes it's not always clear where self-employed status begins and full employment starts.

If you are working (or employing someone to work) five days a week, nine to five, with three weeks holiday a year then there really isn't much doubt.

But there is a thin dividing line in some cases, while in others it can be just a barefaced attempt to get round paying tax. So naturally the Inland Revenue is keen to stamp out this sort of behaviour.

There are a number of factors which can be taken into account in deciding whether someone is likely to be considered an employee by the Inland Revenue or is genuinely self-employed.

- Is he/she involved in a degree of financial risk?
- Does he/she undertake services for one or more 'employers'?
- Is he/she registered for VAT?
- Does he/she provide you his services full time or can he/she come and go more or less as he/she pleases?
- Is he/she given company benefits such as a car, membership of BUPA, or a pension?
- Does he/she use the company's facilities, such as the staff canteen?
- Is he/she subject to the same degree of supervision as a regular employee?
- Does he/she work alongside regular employees?

The answer to these questions will go a long way to showing that one is looking at employment. But even if the answers seem to imply one thing or the other, it is grey area and any doubt should be referred to your local tax office. It will save time and possibly unpleasantness later.

Powers of attorney

A problem can arrive if a partner becomes incapacitated or goes away on a long holiday. Who is then going to write the cheques for the VAT or the poll tax? Who can sell or purchase shares?

The answer is the person nominated under an enduring Power of Attorney. Essentially, this is a very simple form which will gives the active partner the power to carry on the financial life of the absent or sick partner.

It can also be used before the person becomes incapacitated, but it is more usual not to exercise the powers until then. Indeed, the power can be limited by the donor so that it only begins when this occurs.

The power, which can also be limited to specific acts, must be registered with the Court of Protection when the donor becomes mentally unable to cope with life.

Obviously the active partner is in a position of trust and is accountable for any default he or she may make under the terms of the power.

The great benefit of power of attorney is that, particularly in the case of the elderly, active steps have been taken early so that expensive applications to the Court of Protection for orders enabling an estate to be administered by an incapacitated person are avoided.

The person making the power can tear it up at any time before ill health takes over.

VAT returns

At the beginning of the year Customs & Excise introduced a new credit transfer concession scheme. The aim behind it is to improve the security and recording of VAT payments: simply put, too many cheques have gone missing.

The customer will be allowed an extra seven days from the normal due date for submitting the VAT return and cheque.

The VAT return and tax must be received on or before the extended due date and that the payment is made by any credit transfer method such as bank giro credit.

The concession may be withdrawn on three months notice or with no notice if the the customer doesn't make the returns and payments on time and in the agreed way.

To join the scheme write to the VAT Central Unit, Southend.

Moving your business

Moving house can be a fairly traumatic business. Moving your business can be that much worse. Yet every year over 40,000 companies large and small move to new premises.

How can you take the trauma out of it? Probably you can't take it all out but certainly you can lessen it by careful planning.

Nowadays larger companies, before they sign leases or purchase buildings, are calling in architects and designers to work out whether the premises are going to be suitable in the short and medium term. Moving to new premises will also give you the chance to check out you electronic helpers and see whether they are performing properly.

For example, if you are moving to an open plan building then the telephone system will need different ringing tones. There is nothing much more embarrassing than continually picking up the wrong phone.

And what about your fax machine? Make sure it is placed where someone can monitor it easily. If you put it away in a room on its own then as sure as eggs is eggs the paper will start jamming and no_one will be there to notice.

Have you an answering machine? The cost of installing and maintaining one will probably be paid for by one order. Make sure, too, that your staff all know how to work the fax and the other machines. There's no point in leaving it to just one person.

Moving will also give you the opportunity to do a spot of advertising. Do all your customers know your new address and telephone number? check, too, that you have changed your stationery.

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* AGB Superpanel

Migraleve — the most popular power against migraine

Migraleve from Charwell Pharmaceuticals is the third largest branded P analgesic in the market, and one of the most widely prescribed first-line treatments for migraine. Clinical trials have proven Migraleve to be most effective and well-tolerated, with an impressive 79 per cent success rate.

Migraine is one of the most common and important illnesses in social medicine. About 10-15 per cent of the country's population suffer from it — over five million people. It cannot be cured, but in many cases its intensity and frequency can be reduced. However, as a recent survey revealed, seven out of ten migraine sufferers do not consult their GP; they are more likely to seek advice from a pharmacist. It is therefore vital that the pharmacist can recognise the symptoms and offer, not only an effective treatment, but crucial lifestyle advice.

What is a migraine?

There are many forms of headache. A migraine is defined as a very severe headache lasting between four and 72 hours with total freedom of symptoms between attacks. It is the episodic nature of migraine that distinguishes it from a tension headache which may last all day, every day.

There are two categories of migraine. Common migraine, or migraine without aura, is where the headache is often on one side of the head and accompanied by nausea and intolerance to light. Classic migraine, migraine with aura, involves visual disturbances including flashing lights, an arch of zig-zags or even partial loss os sight. This usually occurs before the onset of the headache. Although the pain is most commonly unilaterial, it can be bilateral. Severe pain is often felt at the front of the head behind one or both eyes.

Migraines are believed to be caused by the narrowing and dilating of blood vessels in the head. The narrowing produces the visual symptoms and the dilating causes the severe headache that follows.

What triggers an attack?

Why some people become migraine sufferers and others do not is not known, but quite a lot is known about what can "trigger" an attack. Listed here are some of the most common factors.

- Psychological: anger, anxiety, depression, shock, excitement, worry.
- Physical: over exertion, bending/stooping, shift work, very hot bath, menstruation, change of climate.
- Habits: change of job, holiday, travel, late rising, irregular meals, missing sleep.
- Phsysiological: the pill, menopause, loud noise, intense smells, smoking, sleeping tablets.
- Dietary: fasting/dieting, cheese, fried food, citrus fruit, red wine, chocolate.
- Optical: bright sunlight, glare, flickering light.

Sufferers should be encouraged to keep a diary to record not only attacks but also diet and events preceding attacks. Finding out what triggers a migraine can help towards controlling them (Charwell Pharmaceuticals can supply pharmacists with a pad of information sheets printed with "a trigger factor" check list, to give to their customers to help them establishe patterns in their attacks).

Who gets migraine?

More women than men have migraine, and many children are sufferers. Half of all migraine sufferers have their first attack before they are out of their teens — one in eight before the age of ten, but very few, only one in 50, have a first attack after the age of 50. The majority of migraine sufferers, over 60 per cent, are under 45 years old.

Why Migraleve?

Although lifestyle changes can help the sufferer cope better with their migraine, there is unfortunately no cure and so all will at some time have cause to use OTC pain relief. Paracetamol appears to be the headache sufferer's most popular remedy, and Migraleve the most popular migraine specific remedy.

Sumatriptan treatment is very expensive and unnecessary for 75-80 per cent of migraine sufferers and should only be prescribed as a second-line drug for patients who still have severe attacks after trying trigger avoidance and common

analgesics, such as Migraleve.

Migraleve has been specially formulated to combine treatment for all the symptoms of migraine while minimising the risk of side-effects. It therefore contains a combination of analgesics together with an anti-nauseant. The active ingredients are: buclizine hydrochloride BP 6.25mg, paracetamol Ph Eur 500mg, codeine phosphate Ph Eur 8mg.

The successful composition

The analgesic and antipyretic activity of the paracetamol helps relieve the pain of the headache, and inhibits the synthesis of prostaglandins in a wide variety of tissues at concentrations below those found in plasma at therapeutic doses. It has been suggested that the antipyretic effect of paracetamol is medicated through an antagonistic action on the activity of brain prostaglandin synthetase. Thus, if the theory that prostaglandins are involved in the aetiology of migraine is correct, it would explain in part the effectiveness of Migraleve in migraine.

Codeine is believed to act at the level of the cerebral cortex, whereas paracetamol is believed to act at the thalamic level.

There is adequate evidence to support the claim that the combination of these two compounds provide a hyperadditive analgesic effect. Although the combination of paracetamol and codeine can be classified as a medium to strong analgesic, its use in the Migraleve combination should not lead to abuse resulting from long term continuous use. Migraine is episodic, by definition, and therefore treatment by medication will be at intervals. Chronic use of Migraleve or any other migraine treatment is inappropriate and the diagnosis should be questioned.

Buclizine hydrochloride has been included in Migraleve because of its antiemetic and antinauseant properties. Buclizine hydrochloride is also classified as an antihistamine and therefore may be beneficial if the theory that histamine is involved in migraine attacks is correct.

In the past, buclizine has been recommended as a mild hypnotic because of its antihistamine sedative properties. However, the recommended dose for this effect exceeded the dose in Migraleve by factors of five to ten , which emphasises the specificity of the relatively low dose used in the Migraleve combination. This was established early in the clinical development of the combination.

Administration

Migraleve is presented in blister packs containing 24 (16 pink and eight yellow) tablets. Also continuation packs of 24/48 pink and 24/48 yellow. The pink tablets contain all the above ingredients, and the yellow just the paracetamol and codeine without the buclizine. Treatment should always start with pink tablets. Two pink tablets are taken at the first signs of an attack and, if the symptoms persist, two yellow tablets every four hours, with a maximum of two pink and 6 yellow in 24 hours.

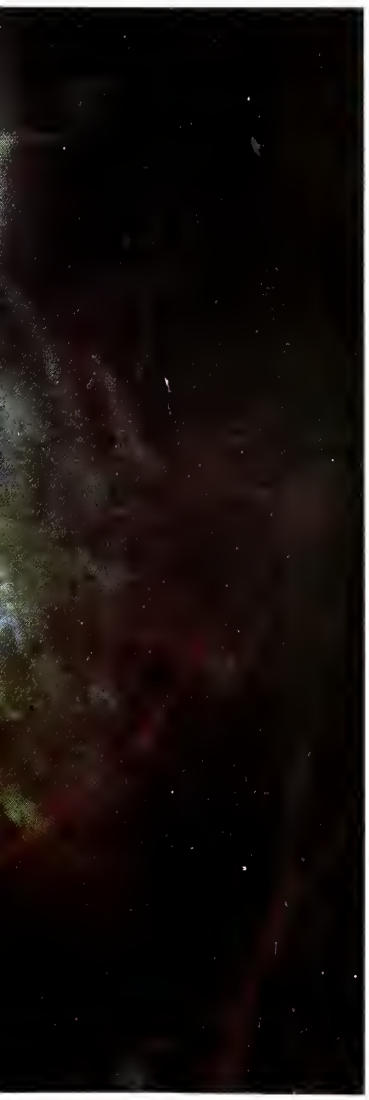
The history of Migraleve

The successful migraleve combination was discovered by a Blackpool retail pharmacist, Henry Wild, who was a chronic migraine sufferer. Having to work through migraine attacks drove him to experiment with the drugs he had available to him. He found that a combination of paracetamol and codeine relieved the pain level, and buclizine, when taken with that combination, appeared to reduce the migrainous symptoms and nausea, as well as potentiating the analgesic relief. He experimented by increasing and decreasing the levels of buclizine until he discovered the optimum combination. After extensive clinical trials, the ultimate combination of Migraleve was launched on the market in 1971.

Migraleve on TV

Charwell Pharmaceuticals has invested £1m on an intensive consumer advertising campaign for Migraleve OTC 12 packs. A mix of 30- and 10-minute TV commercials started on TV-am in March and will run until August. Running throughout the year will be advertisements in leading women's magazines and Sunday supplements. Also, following the launch of Migraleve 48's last year, Charwell Pharmaceuticals will continue to actively promote the brand to GP's.

For more information about Migraleve telephone or write to Charwell Pharmaceuticals Limited, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ. Tel 0420 84801. Fax 0420 89376.



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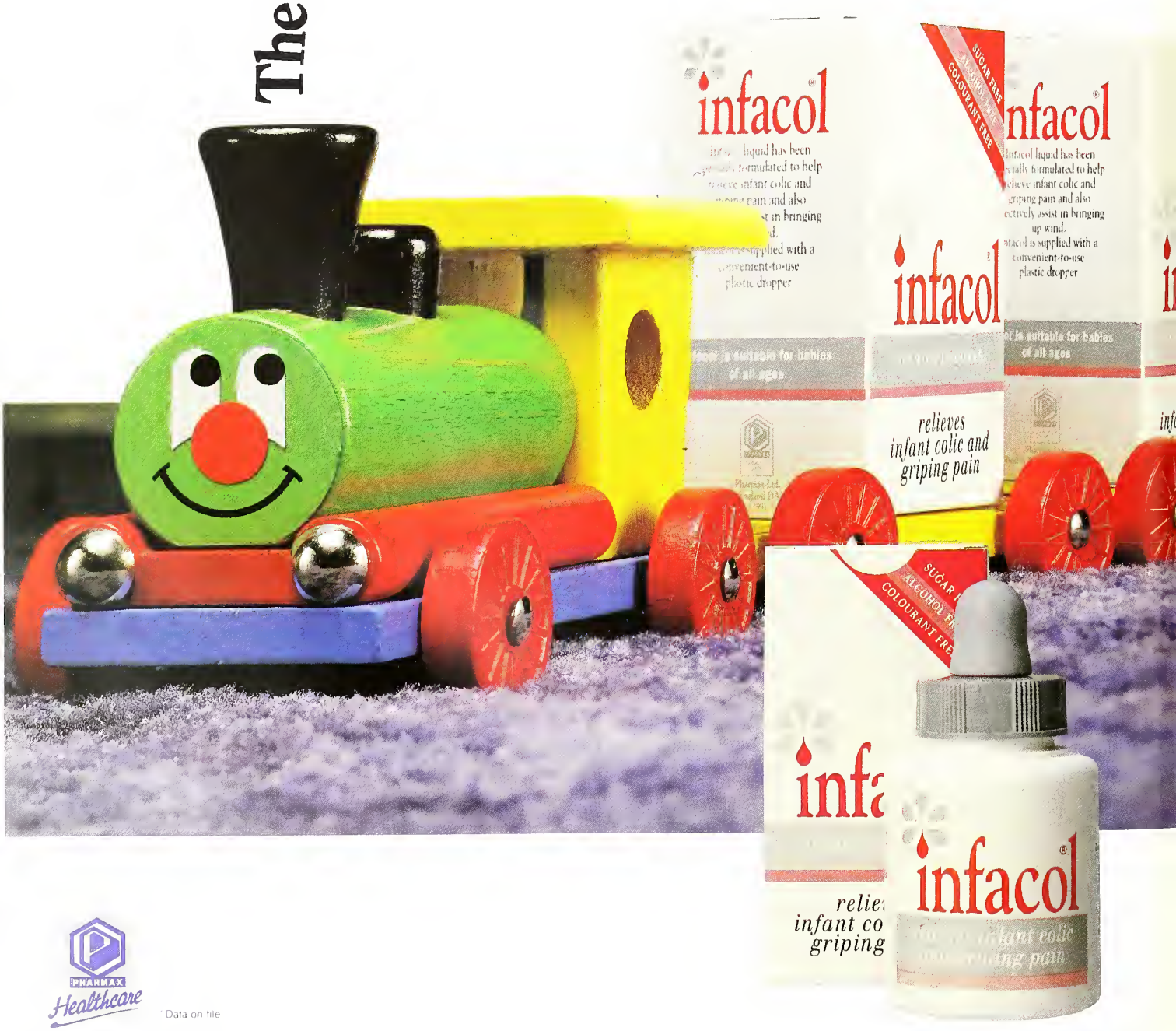


PHARMAX Healthcare

*Data on file

Addict-free pharmacies?

I must respond to the article last week: "Success of pharmacy-based syringe exchange scheme". To some minds applauding a scheme, which encourages an addict to enjoy their addiction is irresponsible. To call a drug addict a "client" is a sick joke, and to use a questionnaire based on 20 addicts is crazy. Most drug addicts are corrupted individuals who, in turn, corrupt others — most petty crime is directly due to drug addiction.

I suggest that any pharmacist who dispenses injectable hard drugs to addicts is prostituting the profession of pharmacy. Pharmaceutical outlets that supply addicts on the NHS or otherwise don't do it for the benefit of the patient — they do it for the money it brings in. The syringe exchange is a farce — why else are syringes found in the street?

It is time that at least one of the silent majority of pharmacists who don't get involved with drug addicts — only 17 of 125 in Liverpool do — spoke out against addicts. We are the responsible ones — we care about our staff and our real "clients" — that's why we don't encourage addicts to mix with our staff and customers.

To date no addict has ever been cured by supplying injectable drugs or methadone. To treat an addiction there is but one way — remove the addict from the source of the addiction. Surely to supply an addict with drugs for abuse, is aiding and abetting that abuse. If the addict overdoses then the pharmacist is surely implicated just like any other "pusher" of drugs.

If we want a professional image we should be telling government that the present methods of treating addicts do not work and, if anything, actually encourages others to get addicted.

Alternatively tell the public, who may think twice before using a pharmacy where there is a good chance of mixing with addicts. Perhaps a suitable logo for pharmacies would be "This is an addict free pharmacy".

I hope that other pharmacists who agree with me will make their voices heard. I am tired of hearing how wonderful drug addicts and their helpers are.

H.A.Jolley
Newton-le-Willows

OP dispensing

Further to your columnist Xrayser's aspirations to make up his own OPs (June 13) I wonder if he and/or your readers would consider joining me in a new venture? I'm considering the development of a new product, named "OP", a one-pack remedy for many of the troubles of mankind, containing only placebo.

Prescribers will be asked to order it thus:- "OP x 1".

It must be a winner, I see scripts for it every day already!

W.T.Arbon
Eastbourne

Do-it-yourself: the only way doctors can dispense

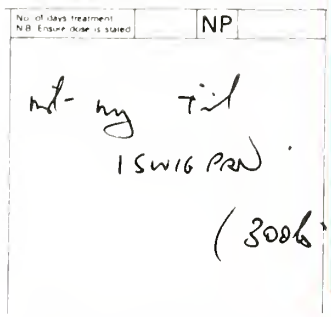
I have read with interest Robert Gartside's opinion on the supervision of doctor dispensing (*C&D*, June 6 p980).

I set out my view on the legality of doctor dispensing in *C&D* (Jan 1, 1985, p78/79). Briefly, I said that: "The only way in which a doctor can legally dispense is for him to do it himself".

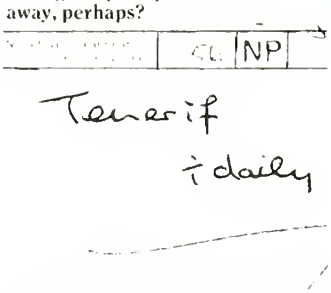
Subsequently the Rural Pharmacist Association took solicitor's opinion on doctor dispensing and he agreed with what I had written.

Mr Gartside is correct in concluding that doctors cannot legally supervise dispensing. The society agrees with him (PJ, June 15, 1991, p742). The result is that the dispensing of a proportion of N.H.S. prescriptions is openly unsupervised, contrary to Sections 51 and 52 of the Medicines Act, 1968.

K.J.Knight
Chairman, Rural Pharmacist Association



A swig a day keeps the doctor away, perhaps?



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Regulation, consolidation or change?

What changes have been introduced in the new NHS pharmaceutical regulations which came into effect on April 10. Steve Axon, secretary to the Pharmaceutical Services Negotiating Committee, picks out the highlights

Since the NHS (General Medical & Pharmaceutical Services) Regulations came into force in 1974, following the NHS Reorganisation of the early '70s, there have been many changes — the most notable were the Clothier Regulations, the Selected List and the Control of Entry Regulations. It is therefore timely that the Regulations should be consolidated as the NHS (Pharmaceutical Services) Regulations 1992 which came into force on April 1, 1992. But is this consolidation or is it change? The truth lies somewhere between the two.

Difficulty with 'vires'

Some difficulties had been experienced with the ''vires'' or authorisation under the old regulations, particularly as regards the Drug Tariff, the drug testing scheme, and the hours of service arrangements.

The incorporation of the Drug Tariff within the Terms of Service for chemists appears to be the correct decision — after all the Tariff is the closest thing that pharmacists have to a payment clause within the ''NHS Contract''. This change should not have any significant affect on the pharmacist's position.

Drug testing scheme

The absence of reference to the drug testing scheme means that for the time being the arrangements made under the scheme should continue on a voluntary basis only.

Samples will continue to be collected by the RPSGB inspectors, but it will be for the FHSAs to decide what is to be done with them. Most will continue to operate the scheme. PSNC believes it is in pharmacists interests for them to do so.

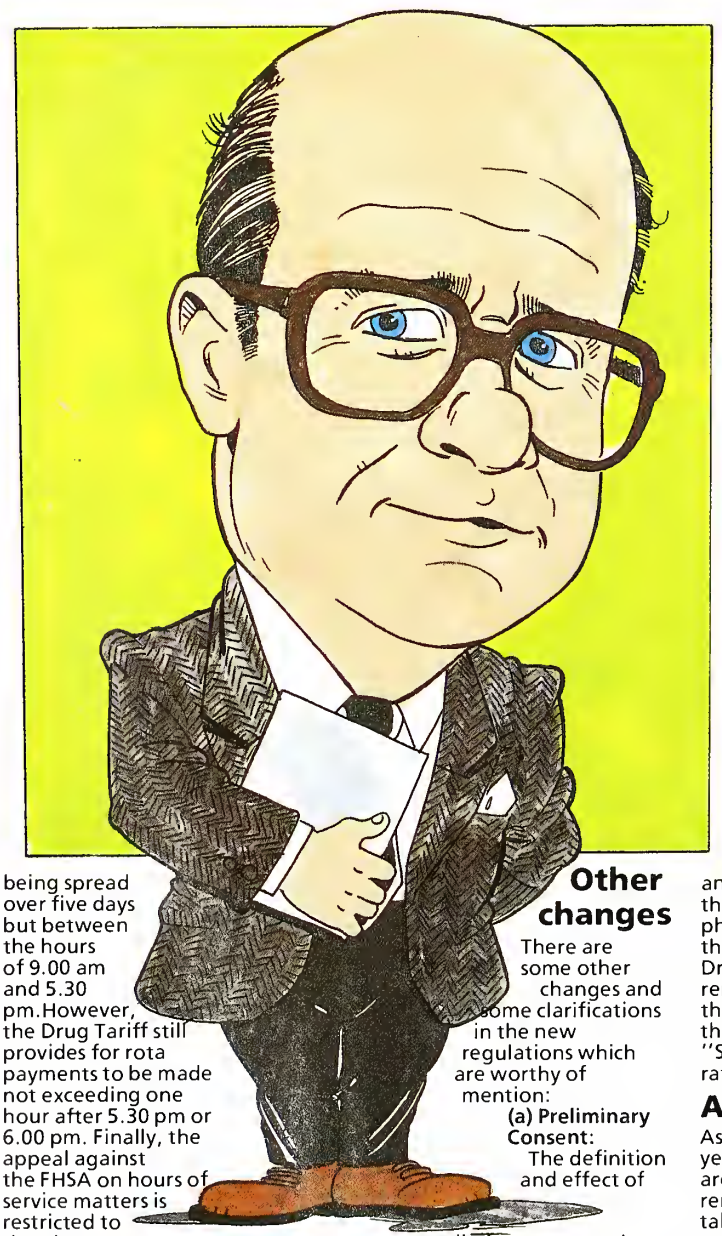
Hours of service

Hours of service is the area where there have been considerable changes. First, the hours of service schemes are abolished and the provisions relating to hours are now included in the Chemists' Terms of Service and therefore apply nationally.

Secondly, the hours are related to a minimum of 30 hours ''availability''. Availability relates to the time during which the pharmacy is providing NHS dispensing services. The system allows the pharmacy staff to leave the pharmacy to attend to other duties including, where appropriate, the provision of extended role services.

The argument may be put that this system is flawed because, from a practical point of view, patients expect open pharmacies to dispense NHS prescriptions and, from the legal point of view, the pharmacist has duties under the Medicines Act which require attendance at the pharmacy when it is open.

Thirdly, the rota systems (or schemes) become blurred. PSNC would have preferred the 30 hours to be specified not only as being spread over five days but between the hours of 9.00 am and 5.30 pm.However, the Drug Tariff still provides for rota payments to be made not exceeding one hour after 5.30 pm or 6.00 pm. Finally, the appeal against the FHSA on hours of service matters is restricted to the pharmacy contractor. This is logical as there is no provision under the new regulations for a ''scheme'' to be agreed between the FHSA and the LPC and might therefore devolve onto the individual contractors.



Other changes

There are some other changes and some clarifications in the new regulations which are worthy of mention:

(a) Preliminary Consent:

The definition and effect of preliminary consent has been clarified considerably and this is a great improvement. The new regulations make it clear that, when a pharmacist wishes to apply for a contract, an application may be made either on the application form which would be for final consent, or the pharmacist may apply for preliminary consent in which case there is no necessity to use the official application form — a letter to the FHSA would suffice.

The application for preliminary consent will, however, need to be precise enough for the FHSA to determine whether the granting of the final application would be:-

''necessary or desirable in order to secure within the neighbourhood the adequate provision of NHS pharmaceutical services.''

The main difference is that the application for preliminary consent need not state the precise address of the pharmacy but may indicate an area, eg the high street, within 100 yards of the war memorial. In some cases in rural situations where the prejudice test has been dealt with, within a village might be sufficient.

Once preliminary consent has been granted the pharmacist has 12 months in which to convert this to final consent through the use of the official application form.

At this stage the FHSA need only assure itself that there is no material difference between the preliminary consent application and that for final consent.

(b) Advertising:

The advertising restriction which formerly applied has been removed and the advertising of professional services now comes firmly within the ambit of the Royal Pharmaceutical Society of Great Britain. (This is only the case in England and Wales.)

The Regulations, however, still make it quite clear that the pharmacist must not offer any gift or reward as an inducement to a patient to use the particular pharmacy.

(c) The Selected List:

It is worthy of note that the selected list is now contained in the medical regulations but not the pharmaceutical regulations. But before anyone runs away with the idea that it no longer affects the pharmacist, it should be noted that it is still included within the Drug Tariff. The arrangements remain unaltered except that the doctor's endorsement on the prescription should be ''SLS'' (selected list substance) rather than ''S3B''.

Amendments

As it will probably be another 20 years before these regulations are revisited it is important to remember that amendments do take place from time to time, and that ignorance of the law is no defence. Therefore pharmacists should always pay great attention to any amendments that are made to the National Health Service (Pharmaceutical Services) Regulations 1992.

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*Source: Independent Panel Data 1991.

Business news

Philip Harris Holdings buy Proctor and Brooks

Philip Harris Holdings have bought Proctor's Pharmacies and H. M. Brooks for £1.64 million. The move increases the group's pharmacy chain by nine.

The £1.64m price tag for the group has been met by the issue of £1.29m of guaranteed loan notes plus £350,000 cash. The loan notes pay 3 per cent below base rate, and begin to be redeemable after June 1993.

Philip Harris chief executive David Newcombe issued a statement saying: "The acquisition of Proctor and Brooks provides Philip Harris with an excellent opportunity to increase the profitability of the group's medical business." He said the purchase of the shops will strengthen the group's wholesale division distribution network between London and Birmingham, while the group's pharmacy division will benefit from economies of scale and purchasing power.

Proctor and Brooks operate as a single group based in the Oxford area. All of the premises are leasehold and 65 per cent of the trade is accounted for by NHS business.

Midlands-based Philip Harris Holdings are suppliers of pharmaceutical, medical and surgical products as well as operators of a small retail chain. The group also produces laboratory equipment.

The Philip Harris medical division, which owns the pharmacy arm of the group, already has six retail pharmacies in Cheltenham, Nottingham and Norwich. The Cheltenham and Nottingham sites have been used as bases to expand the wholesale division and the same will be done with the new acquisitions.

Sales up 17.5pc to £79m
Pre-tax profit up 48pc to £1.8m
EPS up 45pc to 14.58p
Dividend up 8.7pc to 6.25p

Proctor and Brooks will now buy "a substantial part" of their requirements from Harris' wholesale division.

● Preliminary results for Philip Harris Holdings show turnover up 17.5 per cent to £79 million with the medical division contributing over £51m.

Pre-tax profit for the group is up more than 100 per cent to £1,757,000, though in 1991 there was an exceptional item of £314,000 depressing the profit figure. Without this, the rise in pre-tax profit was 48.3 per cent.

Earnings per share have improved substantially, rising from 10.03p in 1991 to 14.58p this year.

The group say a number of milestones were reached in the medical division; turnover exceeded £50m for the first time, operating profit was over £1m and the net profit to sales ratio reached 2 per cent. The dividend increased by almost 9 per cent to 6.25p.

Moss Chemists latest pharmacy is in the new Sainsbury Superstore at Aston Vale, Bristol. Premium space is given to a health information panel (pictured on the right). Medicinal products occupy 50 per cent of the retail space. The dispensary is fitted with a Nomad monitored dosage system. There is a consultation room which will, in future, double as a diagnostic testing centre. This is Moss' second "Sainsbury" pharmacy

Sandoz challenge Glaxo

The US subsidiary of Sandoz has found an unpatented product which could provide a challenge for Glaxo's Imigran.

According to the *Financial Times*, Sandoz Pharmaceutical Corporation have announced preliminary results for DHE 45 which show that a single injection relieves pain in nearly half of patients within 30 minutes.

While Imigran is still believed to be more effective, it costs around £10 per pill and £20 per injection.

DHE 45 apparently could be brought to market for under £1 per injection since the drug is out of patent protection.

As *C&D* went to press neither Glaxo nor Sandoz had offered any further comment.

AAH achieve new peaks

AAH have announced a 12 per cent increase in sales to £1,256 million, with pre-tax profits up 12 per cent to £32.2m and healthcare expanding market share with a 20 per cent sales growth to £1,108m.

Overall healthcare was the group's star performer with trading profit up 19 per cent to £26.7m. The withdrawal of Medicopharma from the UK scene, and the acquisition of three of their warehouses, are cited as the main reasons for success in pharmaceutical wholesaling, where growth "significantly exceeded" the estimated 11 per cent growth in the national market.

In Northern Ireland, Castlereagh Pharmaceuticals had another record year as a result of acquiring additional agencies. Hillcross Pharmaceuticals logged new peaks in sales and profits in the UK generics market, as did Ayrton Saunders in sales overseas.

In the year ended March 31 AAH added 40 retail pharmacy units.

EC ruling re-opens Sunday trading debate

The Government is expecting to come under renewed pressure to relax the existing restrictions on Sunday trading in England and Wales as a result of a ruling by the European Court of Justice that the 1950 Shops Act does not conflict with European Community law as it stands.

Mr Kenneth Clarke, the Home Secretary, told the Commons last week that there was "a real possibility" that the judgment of the court would result in the British Parliament having to make a fresh attempt to resolve the Sunday trading controversey.

He made it clear that the Government will not support the private member's Bill framed in consultation with the "Keep Sunday Special" group and put forward by Mr Ray Powell, one of the Labour MPs sponsored by the shop workers union USDAW.

The Government is ready to make some limited moves to relax the existing restrictions but before framing legislation will probably invite MPs to express their views on a variety of options in a full dress debate in the Commons.

Intercare Group expansion continues

The Intercare Group, whose interests include Nationwide Ostomy Supplies and Impharm, have increased turnover by 86 per cent and boosted profits by more than 200 per cent.

These interim results include various contributions from the group's two recent acquisitions, SAFA and the Birmingham Optical Group, for one month and two weeks respectively.

They also include Booster and Montis for the full six month period.

Turnover for the group was £10,821 million in the period, earning pre-tax profits of £1,395m and pushing up the earnings per share to 4.2p - 40 per cent increase.

An interim dividend of 0.6p has been announced, up 20 per cent on last year.

SB to shut up shop at Little Hulton

Smithkline Beecham will close their bottling factory at Little Hulton, near Manchester, in May next year. Production of their health oriented drinks, such as Lucozade and Ribena, will move to the company's site at Coleford in the Forest of Dean.

Some 290 jobs will go when the Little Hulton plant closes, but the staff will be offered first refusal on the 80 new jobs expected to be needed at Coleford for the new production.

"We will be offering financial support for anyone wanting to move," said an SB spokesman.

"The closure of the Manchester factory is not a reflection on the performance of the employees, who have always been supportive and have achieved consistently high efficiency levels.

"The reason is that the site is unsuitable for development as a sole manufacturing facility."

Last year SB opened a new £9 million bottling operation at Coleford and further £4.5m is to be spent to increase its capacity, to be in operation within 12 months.

Local trade union officials have been told about the cuts by SB and a team of job consultants is to be employed to help find work for the redundant workers at Little Hulton.

● Smithkline Beecham have announced a joint marketing agreement with the Italian pharmaceutical company Sigma-Tau to co-promote Alcar, a drug for treating degenerative orders of the brain, in the United States. The Italian company already have an agreement with Hoffmann-LaRoche for the worldwide marketing of the preparation. Smithkline Beecham say the agreement will not affect the development of their own drugs for this class of diseases.

LIG hit by poor photoprocessing

Results for the London International Group were dragged down by weak retail sales in the company's photoprocessing division. However, the company's condom business continues to grow at an annual 2 to 3 per cent a year.

Sales up 7.8pc to £398.1m
Pre-tax profit down 3pc to £16.9m
EPS down 17.3pc to 16.68p
Final dividend 6.25p

Turnover for the group is up 7.8 per cent to £398.1 million, though photoprocessing services, represented by Colourcare, increased sales by less than 2 per cent to £119.5m.

By contrast, the health and personal products division pushed up sales by almost 12.5 per cent, from £247.7m in 1991 to 278.6m this year.

Profits for the group, before exceptional items, were flat, rising 0.2 per cent to £39.4m. However, the health and personal products division showed an improvement of almost 15 per cent in its operating profit before exceptional items, rising from £37m to almost £43m.

Operating profits in the photoprocessing division dipped sharply, falling £6.6m to just £5.9m.

During the financial year LIG closed its surgeon's gloves manufacturing facility in the UK and also closed plants in the USA. This, together with reorganisation costs and the cost of closing the Spanish photoprocessing operation, plus some restructuring expenditure, appears in the accounts as an exceptional item of £22.5m. Some costs stated as extraordinary in last year's accounts have been restated as exceptional.

The balance shee t— still to be audited — shows that the group's cash levels have plunged from £83m last year to £37.5m for 1992. Net current assets have also diminished, falling from £126.2m last year to only £65.1m for 1992.

Commenting on the results, LIG chairman Alan Woltz said: "The photoprocessing division was affected by weak retail sales and declining volumes in the industry.

"Our health and personal products division achieved good results in the face of a continuing recession in major markets".

The board has recommended an unchanged final dividend of 6.25p, giving a total dividend for the year of 9.45p.

Format expansion

Format (Wholesale) have moved to new premises in Tyne & Wear. It can now be contacted on tel: 091-413 1014; fax: 091-413 1762.

Hadley Hutt

Hadley Hutt Computing have moved to new premises at: George Bayliss Road, Droitwich, Worcestershire, WR9 9RD. Tel: 0905 795335; fax: 0905 795345.

Chemtec relocate

Chemtec Systems have moved to: Chemtec House, 115 Clydesdale Place, Moss Side, Leyland, PR5 3QS. Tel: 0772 622839; fax: 0772 622879.

Ernest Oldcorn Ltd

In last week's issue (p1108) we refered to Ernest Oldcorn in connection with the purchase of Baldwin's of Reigate. The buyer is in fact Ernest Oldcorn Ltd. Founder Mr Oldcorn has now retired from the business.

NPA responds to Unichem insurance

Mr Tim Astill, director of the National Pharmaceutical Association, has responded to Unichem's latest initiative into pharmacy insurance (*C&D* June 6). He said that if he were facing a claim from a patient alleging professional negligence he would want his claim handled by pharmacists rather than by a broker or underwriter whose principal concern would be commercial.

"Although the NPA are not afraid of competition, we don't venture into wholesaling." Mr Astill pointed out that the previous Unichem scheme, run by the Commercial Union, didn't offer cheaper premiums to Unichem customers.

J&J shuffle the deck

In a complex and indirect manoeuvre, Johnson & Johnson are merging two of their subsidiaries, Johnson & Johnson Medical and Surgikos, which takes effect from June 26.

However, it will make "not one jot of difference for anyone who deals with us on the business side," says Johnson & Johnson Medical's finance director Keith Darvill.

Johnson & Johnson Medical Ltd are selling their assets and liabilities to Surgikos, then will change their name to Johnson & Johnson Medical (1987) Ltd before going into voluntary liquidation.

This will leave it open for the expanded Surgikos business to change its name to Johnson & Johnson Medical Ltd.

The new Johnson & Johnson Medical will have the present headquarters of the old Johnson & Johnson Medical,at Coronation Road. The only substantial change will be that the Surgikos premises at Livingstone, Scotland, will go to another Johnson & Johnson subsidiary, Ethicon.

"For anyone who has a contract with the current Johnson & Johnson Medical, technically this is being switched to another company, the new Johnson & Johnson Medical," said Mr Darvill.

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Pharmaceuticals output improves significantly

Fortunes in the various sectors remain mixed, much of the retails sector experiencing only growth. But for pharmacies at least, the figures suggest optimism may now be in order

Sales in Britain's High Streets staged a recovery in April, with retail pharmacists among those reporting volumes well up on a year before. But as the economy edges out of the longest recession since the war, signs are now emerging of potential supply bottlenecks.

At least, so argue stockbrokers UBS Phillips & Drew, pointing to the symptoms of high rates of capacity utilisation, a sharp increase in import penetration, and the resilience of profits.

The result, they say, is that the home market is wide open to further import penetration in the months ahead.

Moreover, the CBI's economists warn that the strength of recovery is by no mean assured. Aside from uncertainties in Europe and the US, consumers' willingness to spend remains a cause for concern, with the housing market flat and prices still falling.

On consumer spending the CBI are looking to a 1.1 per cent increase this year, after a fall of 1.7 per cent last year, and a rise of 2.8 per cent in 1993. This, they point out, is still well below the 7.4 per cent growth seen in 1988.

The CBI's latest distributive trades survey found resumption of seven monthly polls showing annual sales growth, broken only by a temporary setback in March. Fortunes in the various sectors are mixed. Chemists, grocers and confectioners were among those with sales volumes well up on last year: electrical goods saw only moderate growth.

Figures from the Central Statistical Office indicate that the value of sales by retail pharmacies increased in value by 7 per cent in March. Looking at the whole of the first quarter, sales were nearly 5¾ per cent up on the same time a year ago. This compares with a year-on-year rise of 4¾ per cent in the fourth quarter of 1991 and of 7 per cent in the first quarter of last year.

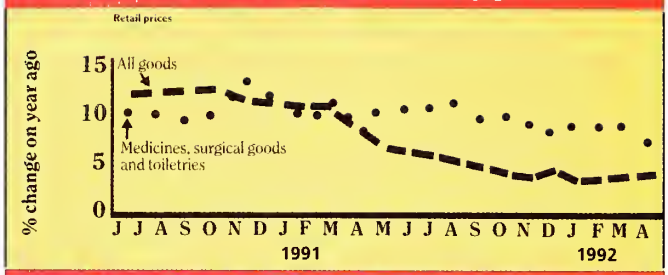
Manufacturers' prices are expected to remain broadly stable, at least over the next few months, and are expected to average no more than 2½ per cent by the end of next year.

The index of prices for manufactured products for UK consumption increased by 3.8 per cent in the year to April - the smallest rise for more than four years. Take away the effect of price changes of the volatile food, drink and tobacco products and the annual rate of increase was just 2.8 per cent, the lowest figure for almost 20 years.

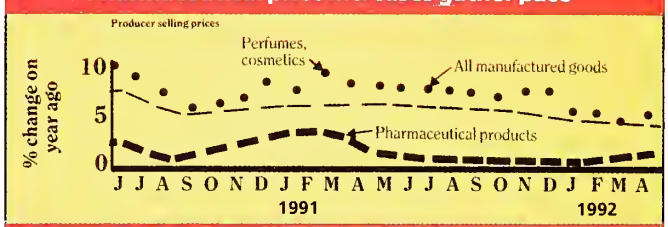
Price rises of pharmaceutical products have accelerated to an annual rate of 2.3 per cent, from just 0.7 per cent at the beginning of the year. Annual rates of increase of perfumes and toiletries are hovering around the 4.5 per cent to 5.0 per cent mark.

On manufacturing, the total output of pharmaceuticals from British companies - including their overseas sales - climbed by nearly 3 per cent in the first quarter of 1992. This is 16½ per cent higher than the level of a year earlier. Meanwhile output of toiletries and cosmetics increased by nearly 6½ per cent in the first quarter, topping the production at the same time a year before by 5 per cent.

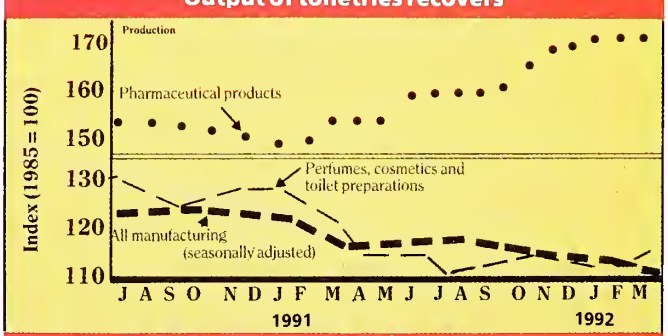
Chemists' goods price increases sharply down



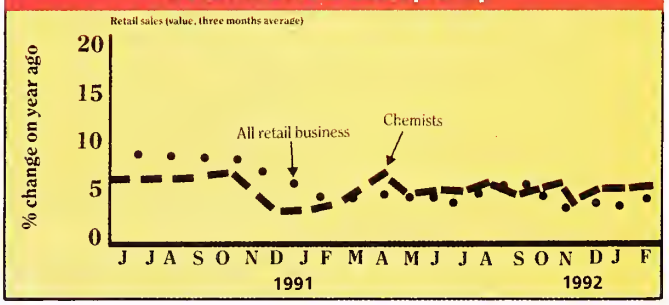
Pharmaceutical price increases gather pace



Output of toiletries recovers



Retail chemists' sales pick up



	Period	Latest	Previous	% change on year
Prices and Cost				
Retail prices (Jetan 1987 = 100):				
all items	Apr	138.6	136.7	4.3
chemists' goods	Apr	146.1	143.9	7.0
Producer prices (1985 = 100):				
manufacturing, excl food	Apr	137.0	136.7	2.8
chemical industry	Apr	128.4	128.2	1.4
pharmaceuticals	Apr	124.6	124.6	2.3
male toiletries	Apr	177.1	177.1	6.8
other toiletries	Apr	145.5	145.4	5.0
bandages, etc	Apr	162.3	161.2	6.7
photographic materials	Apr	143.5	143.4	2.0
Average earnings (Jan 1988 = 100):				
distribution and repairs	Feb	128.7	126.5	6.5
Pharmaceutical sales and overseas trade (£m)				
UK makers' sales	Qtr 4	1707	1542	18.1
UK makers' exports	Qtr 4	764	691	25.3
UK imports	Qtr 4	390	353	25.3
Estimated home consumption	Qtr 4	1333	1204	16.3
Sales				
Consumer spending (£bn, current prices)	Qtr 4	94.4	93.0	6.4
Retail sales value (1985 = 100)				
all retail businesses	Mar	148	145	2
chemists	Mar	165	165	7
Business indicators				
Average earnings (1988 = 100)	Mar	137.2	135.7	8.5
Stock changes (£m, 1985 prices)				
wholesalers	Qtr1	-276	-154	-
retailers	Qtr1	228	-148	-
Unemployment (UK, per cent)	Apr	9.5	9.4	23.4

Sources: Central Statistical Office Dept of Employment

Classified

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E2 AVON
Leasehold pharmacy situated on outskirts of popular tourist town with projected turnover of £171,000 based on 1,150 items per month (increasing) situated close to four doctor surgery New fifteen year lease at an initial rental of £5,000 per annum. Price asked for goodwill, fixtures and fittings £35,000 plus stock at valuation approximately £20,000

E3 WEST YORKSHIRE
Long established leasehold business in pleasant area of West Yorkshire. The business has a turnover of £88,000 but has the benefit of the Essential Small Pharmacy Scheme, producing gross profit of over £36,000. Price asked for benefit of goodwill, fixtures and fittings £34,000 plus stock at valuation approximately £16,000.

E4 FYLDE COAST
Freehold property, turnover £239,643 based on 2,773 items per month. Owner willing to grant a lease. Price asked for goodwill, fixtures and fittings in excess of £125,000 plus stock at valuation

E5 MERSEYSIDE
Pleasant suburban pharmacy opened November 1990, current turnover £101,000 based on 1,700 plus items per month. Property leasehold at £3,500 per annum. Price asked £50,000 for goodwill, fixtures and fittings plus stock at valuation, approximately £10,000

E6 MANCHESTER
Long-established freehold business, turnover £139,000, high gross profit 30½%, based on 1,450 items per month. Price asked £35,000 for goodwill, fixtures and fittings, plus freehold property at £60,000 or vendor would consider granting lease plus stock at valuation approximately £21,000

E7 SOUTH YORKSHIRE
Town centre freehold business, turnover £338,000 based on 3,400 items per month, large freehold property including three bedroom living accommodation with separate entrance and large garden. Price asked £160,000 for goodwill plus freehold at £100,000 plus stock at valuation

E8 LEICESTERSHIRE
Leasehold business situated on large housing estate. Current turnover £170,000 based on approximately 1,000 items per month. Price asked for goodwill, fixtures and fittings in the region of £50,000 plus stock at valuation approximately £15,000

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1838 SURREY
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1930 CLOS
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1926 EAST MIDS
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1912 WEST MIDS
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1808 SOUTH STAFFS
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1640 SHEFFIELD
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1760 BISHOP AUCKLAND
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1793 NELSON, LANCASHIRE
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1831 BOLTON, LANCASHIRE
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1856 YORKSHIRE/LANCASHIRE BORDER
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1873 LEEDS
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About people

Commons exhibition unveiled

Health Minister Brian Mawhinney opened an exhibition on pharmacy on Monday in the House of Commons, only two days before the National Audit Office report on community pharmacy was due to be considered by the Public Accounts Committee.

The NAO report's attitude towards pharmacy numbers was condemned by Royal Pharmaceutical Society president David Coleman in a welcoming address. The positive image users have of community pharmacy, and their satisfaction with the dispensing service derives from the pattern of distribution, he said, with convenient access not only close to doctors' surgeries but also in the residential and normal shopping areas.

"That pattern should not be lightly cast aside by too much concentration on numbers of prescriptions dispensed per pharmacy. To do so would undervalue very considerably the important health roles that community pharmacists play outside the formal NHS," he said.

Mr Mawhinney said he noted the president's comments about pharmacy numbers, and endorsed his comments about the importance of the role of the pharmacist in health care.

The exhibition will be manned for most of the week by Council members and Society staff.

President of the Royal Pharmaceutical Society David Coleman (right) with the Health Minister Brian Mawhinney and the Society's sponsoring MP Sir John Hannam at the opening of the exhibition in the Upper Waiting Hall of the House of Commons.

APPOINTMENTS

Crookes Healthcare have appointed **Matthew Burke** as national field sales training manager with responsibility for the training and development of both the retail and medical salesforce. **Mark Hamilton** has been appointed medical field sales manager for Crookes with national responsibility to the medical salesforce.

USA-based Kiddie Products Inc., have appointed **Adrian Roche** as vice-president (Europe) responsible for the total European launch of their The First Years range of nursery and toy products. **Clive Wooster** has been appointed general manager of the newly launched The First Years range of products.

R.P. Scherer Ltd have appointed **Elaine Dobson** as OTC marketing manager with responsibility for existing business and new product development.

Nicholas R. Hodges has been appointed a director of the London International Group plc.

Starman Toiletries have appointed **Melvyn Taylor** as their national sales manager.

Roja Dove, professeur des parfums and visagiste at Guerlain Paris has joined the press and public relations department at the company.

Mr J.M.Richards of Coupar Angus, has been co-opted to the Scottish Executive until 1994. The appointment comes in the wake of Christine Glover's election to Council.

Notes from the NPA

Many community pharmacists are asked to give talks on a variety of health-related subjects. Recognising the fact that some pharmacists may never have given a talk before, the National Pharmaceutical Association Press Office have produced a series of talk notes on a range of health topics.

These structured notes can be adapted by the pharmacist to make them more appropriate for the particular audience. The talk notes are currently being updated and the range of subjects expanded. However, if talk notes are unavailable on a topic, the Press Office say they will be able to provide background information.

Videos can also be hired from the NPA to accompany talks. A video on head lice is said to be popular around September when schools open and lice become a problem.

Public relations pharmacist, Charlotte Coker, says pharmacists expressed interest in the service at the AAH fun day. For further information contact the Press Office at the NPA. Tel: 0727 832161.

Obituary

Jensen: On June 19. Eric Alexander Jensen was for many years the author of *Chemist & Druggist's* **Pharmacy Economics** series, a regular contributor to the **Letters** pages, and the author of several books on business, pharmacy and personal management.

Mr Jensen, and his wife Nora who died last year and was his partner in business and life, had the rare distinction of sharing over 50 years of marriage and 50 years on the Pharmaceutical Register. They had three children: David, Matthew and Robert.

Eric Jensen had a rich and varied career starting work in retail pharmacy in Lancashire in the 1930s, before entering sales administration with a Midlands firm. He rose through the ranks to become a commissioned officer in the army during the Second World War.After the war Mr Jensen was, for several years managing director of Teals, a wholesale sundries business in Brighton, before joining Orridges for a 14 year spell. He then set up as a business consultant, lecturing part-time at Brighton School of Pharmacy in management studies.

Mr Jensen was an active member and a past chairman of Brighton & Hove Branch of the Society, and a member of the Institute of Pharmacy Mangement for many years.

Eric Jensen was a warm-hearted man blessed with rich insights of people and life combined with an astute business brain and sound knowledge and love of pharmacy. He was an "editor's delight" in that he delivered crisp copy, as commissioned, and always on time.

The funeral service is at The Downs Crematorium, Brighton on Wednesday, July 1, at 3pm.

Malcolm Aiken, principal lecturer in pharmacy practice at Brighton writes: Eric Jensen was a delightful colleague with a gregarious attitude to others and a willingness to say controversial things in a pleasant manner.

Dr Ian Jones, IPMI secretary, writes: Eric was an active member of the Institute of Pharmacy Management, and chairman in 1971, becoming vice-president in 1981. He was a great enthusiast and innovator. I have no doubt that many pharmacists are the better for listening and acting on his advice which was always readily given, often at IPMI conferences.

Eric was a most warm and friendly personality. He had great social courtesies and colleagues always felt welcome and releaxed in his company. He had a sharp sense of humour and a great enjoyment of life. He will be well remembered.

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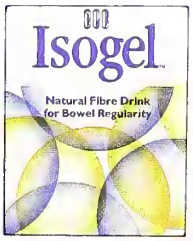

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